THE

MEDICAL BULLETIN:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

VOL. XI. PHILADELPHIA, MAY, 1889. No. 5.

ADDRESSES.

VALEDICTORY ADDRESS TO THE GRADUATING CLASS OF THE MEDICO-CHIRURGICAL COLLEGE.

COMMENCEMENT, APRIL 4, 1889.

By JAMES E. GARRETSON, A.M., M.D.,
Professor of Oral and Clinical Surgery.

GENTLEMEN: It was Victor Hugo who suggested that fifty years old means the age of youth and the youth of age. Surely, after a like manner of viewing things, commencement day is the ending of a beginning and the beginning of an ending.

To decide when one is young, or at a beginning, is close akin with having accomplished when one is old, or an ending has been reached. The meaning of life lies well encircled by the familiar saying, "Oh! that a man could know when he is young, or do when he is old."

Not to commence with beginning is almost certain to mean being unable to finish with ending. The lines of Cowper come to be fully appreciated and understood only when sixty years are to the debtor side of a man's age:—

> Souls that have long despised their heavenly birth,
> Their wishes all impregnated with earth;
> For three-score years employed with ceaseless care
> In catching smoke and feeding upon air;
> Conversant only with the ways of men,
> Rare redeem the short remaining ten.

Spenser platonizes to the effect of writing lines between the lines of his fellow-poet:—

> Every spirit as it is more pure
> And hath in it the more of heavenly light,
> So it the fairer body doth procure
> To habit in, and it more fairly dight
> With cheerful grace and amiable sight.
> For of the soul the body form doth take:
> For soul is form, and doth the body make.

An occasion, such as the present, is not, as too ordinarily esteemed, a season simply for felicitations and congratulations. A participant, in the person of a graduate, who holds such estimate of it, must, indeed, be more than deficient in the quality of an interpreter. Friends and relations of such participant, lacking appreciation of a responsibility assumed by him in acceptance and assumption of the doctorate, are little unlike feasting and laughing celebrants at the marriage of a nun to Christ.

Little unlike, indeed, are the graduation of a participant and the marriage of a nun. In both ceremonies is implied self-abnegation. Indoctrinated, and not doing, is one with self-condemnation. Self-condemnation is one with sense of failure.

To fail is to converse success. Conversing means ugliness put in place of beauty, blackness in place of brightness, wretchedness in place of happiness.

Happiness lies, I think, in some sense, with extremes. Not to know duty is to be without call to accomplish. Knowing resides with inspiration and with education. Physicians are educated.

If, gentlemen graduates, responsibility rested in the so-called yesterday with your teachers, to-day it shifts to you. To-day brings our farewell; to-day terminates three years spent together by us; to-day to you and us alike is past and future.

It makes no reflection on the dignity, the consequences, or the importance of other pursuits engaging the time and attention of men to assert that the diploma just conferred introduces to privileges and imposes responsibilities

such as reside with no other profession, so it is that out of this a speaker, on an occasion like the present, is expected to say something about such privileges and responsibilities. What, however, is left to be added here to what has gone before? What was desired to be said has been said. Up to this time you are what you have made yourselves. Karma is to-day an avenging Nemesis holding you down, otherwise a godpower, the grower of wings, lifting you up. Karma, to-day translates its word, a graduate is the measure of his work.

It has been my personal privilege to join voice with my fellow-professors in trying to impress on the class the value of principles rather than the measures of individuals. The profession has been taught you from the standpoints of specialism as details and minutiæ are concerned, but you have been warned and have been made to understand that specialism is littleness which makes often enough to the destruction of a man by mistaking itself for bigness. Certainly, there is not one of you but has been led, after some manner or other, to appreciation of the Paracelsian aphorism that recognition of hidden lies with understanding of open. You are Platonists and Aristotelians, being not without skill in the measurings and meanings of deduction and induction. You are Zoroasterians, for you have learned clearly the oneness of microcosm and macrocosm. Being trained and drilled in hypostases, you are trained and drilled to clearness in matters physical, psychical, and theological. It is no conflict with you to accept three as one and one as three. Ego stands forth and demonstrates itself. Yourself is yourself and no other self. Descartes and Empedocles are no longer in conflict. You know yourself eternal in the sense that the universe shall not outlast you; on the other hand, you recognize yourself as being evanescent as are the bullocks of the shambles and the flowers of the fields.

Palimsestic is an unfamiliar word, but it is the history of the world. New writing taking the place of old writing. New things superimposed on old things. Nominative cases underlying genitives; ablatives succeeding datives. Datives and ablatives and genitives and nominatives, all a common declension, however; all pertaining to a common substantive. Old things one with new things. Alphabet one with old and with new writing. "Nothing new under the sun."

Into what a world does to-day introduce the class! A world inhabited by common-sense people—common-sense people scouting the idea of Aristotle, that their sense is little better than no sense. People who have not stopped to consider that a circle is seeable alone by eyes which at one and the same time look from zenith, nadir, and horizons; people who consider little of educated sense, and less of egoistic sense, and never of soul sense.

To be worldly wise is to agree with Montaigne in calling that black which is called black by one's neighbors, and in declaring with neighbors for the whiteness of a thing all the way through, howsoever plain the wash of lime may be to your understanding. Here is a first combat with educated senses. Say that nothing is what it seems to be, and your return will be derision. Affirm the so-called real to be the unreal, and the price of your instruction will be very apt to be mockery.

What wisdom is to be chosen and employed by you? Are you to let things stand as they are, or are you to take it on yourselves to put new revelations into old revelations, showing practical oneness in scientific contraries! What are you to do with new wine in reference to old bottles? You who have mastered the universal in the human hypostases, and who know that here, in simple demonstration, is the all and the everything of human concern—here the meaning of time, of eternity, of heaven and of hell—of an everlasting Now, in which is comprised everything that has been, is, and will be, what simple word are you to find with which to replace the Greek one, and, more than this, what word to take the meaning of the meditations demanded for its appreciation? What are you to do with syllogisms, paradoxes, and paradigms, familiar as irrefutable arguments to students, foolishness wholly and outright to money-changers?

It is not out of the line of the occasion to assert that the world of to-day is largely out of joint. Pessimism, little by little, is taking the place of optimism. Preachers and parishioners hesitate much and quibble together. The glory of Monotheism disappears in the poetry of pantheism. The gods, in turn, are trodden beneath the mud of agnosticism.

Who is to set the world right? If the task lies not with the doctorate of medicine it lies nowhere else. It is to be maintained that the universe at large is as exposed and open as is a

cloudless sky. To begin with a scalpel and to dissect environment is to differentiate Self as an entity not less clearly than bones are defined as differing from muscles. To pass from environment to Ego, and to scientifically question this latter, is to find God as clearly as Self has been found. God, Ego, and Matter constitute the universal. The three constitute man. A man knowing himself knows the universal.*

Simple physics is to medicine what Kindergartenism is to education. Both are rudimentary. The circle lies with psychophysics. It is no difficult matter to cut and slice a brain. To dissect Ego, however, is a matter of higher refinement. To find Soul is to catch it on the wings of exclusion. To pass a step onward, making discovery of oneness as to soul and God is to have scaled heaven.

You are familiar with that wonderful piece of writing, Socrates' Argument of Design, quoted by Xenophon. Greater than this lies with psychophysics. I am impressed that psychophysics, and not simply physics, is to constitute the near future of the doctor medicinæ. What is it to minister to body when faith and trust and hope are lacking? What are occasional incubi in the shape of tumors and of crooked limbs where an universal incubus covers the homes and the hearts and the natures of men as with a pall that shuts out pleasures and hopes and aspirations of life? Who so well as the doctor of medicine understands fallacies lying with common-sense judgments? Does he not fully know that nothing is what it shows itself to be? Who so well as he appreciates the value of educated senses, and the greater value of egoistic sense, and that greatest of all, soul sense? A doctor of medicine knows that things are of exact measure with a percipient, and that perception lies nowhere else than with an ability to perceive. A log of wood is a stick for the fire or an image for a niche according as it is handled by woodchopper or woodcarver. High, higher, highest lies not with the uses of common sense, but with educated sense and egoistic sense and soul sense. Lying with these latter are the true comprehensions and apprehensions. Here is conception of things inconceivable by common sense. Here are the song and poetry of the spheres. Here are intercourse and oneness with the Divinity.

*See for studies on these subjects the books, "Nineteenth Century Sense" and "Two Thousand Years After."

Where, and how, and at what are the members of this class to work? Warmly, gentlemen, are you to be congratulated on your attainments. I speak not with prejudice when affirming a conviction that no institution in the length and breadth of the land has more occasion for pride in a graduating class than exists in relation with the present exercises. But, where, and how, and at what are you to use your knowledge? There may not possibly be any standing still. Day by day you are to grow larger or smaller. Day by day you are to wax or wane as to manly measure.

The present beginning of a new ending is a period of election. Karma is kismet; always has been, always will be; this is the most important of all the lessons a man is to keep before himself. The lesson of the Greek places elevation of the spirit as the highest source of sublimity. Beauty of character lies in setting one's affections on things outside himself. To recognize that common good is the only good is to get comprehension of the treasure corrupted neither by moth nor rust. An error of to-day is to be a source of continued burning, otherwise is to be atoned for in a penance of to-morrow. Wheat and weeds will grow together, but the grain seldom amounts to anything.

Grand indeed is a grand man, and he should be, for in seeing him you behold the God; divinity resides not with a mortal without showing itself.

Absence of God is one with simple animal. I think all of us are learned enough to fully understand that men are relatively godly or they are relatively fleshly, and that where the God is absent in a man's composition the meaning of the man differs not a jot from horse or dog.

At this beginning of a new ending you may wisely bring science to bear as to a direction to be taken. You may not by any possibility be else than what you make of yourselves. Here is neither preaching nor sentiment. Pictures are not to be traced in the sky by an eye that keeps its gaze on the cobbles of a street. There is nothing truer than that money-getting and God-getting do not go together. Fatness is not secured by drinking vinegar, nor is muscle made by a practice of indolence.

Self? The best first prescription to be made by any member of the class would be a draught that should poison and kill off selfhood, mean-

ing here by selfhood selfishness. Selfhood, in the nature of selfishness, is separability from the godhood; apart from the God there is no success.

If there is much to do, there is much to avoid. Love of money is the root of all evil to a doctor.

What a sight it is to behold a man up early and late at the task of money grubbing! I decry in no sense that prudence which considers the rainy day, but I find myself viewing with an unspeakable astonishment a doctor whose end and aim is money. There never was, nor will there ever be, union of true manly greatness and money-grubbing. It was a remark of the poet-philosopher, Henry Thoreau, that every developing young man grows out of the cruelty of a gun. It is truly the case that a physician not growing out of money, but growing into it, is waning, either into dotage or animalism. Money is to come to a man, the man is not to go to it. A link of gold is stronger than a chain of iron; beware of such a link fixing itself to you.

How much, how very much, offers for reflection on an occasion like the present. I may not, however, intrude on exercises which demand brevity. Let the words of the poet furnish added hints:—

All are architects of Fate,
Working in these walls of Time:
Some with massive deeds and great,
Some with ornaments of rhyme.

Nothing useless is, or low;
Each thing, in its place, is best;
And what seems but idle show
Strengthens and supports the rest.

For the structure that we raise,
Time is with materials filled;
Our to-days and yesterdays
Are the blocks with which we build.

Truly shape and fashion these;
Leave no yawning gaps between;
Think not, because no man sees,
Such things will remain unseen.

In the elder days of Art,
Builders wrought with greatest care
Each minute and unseen part:
For the gods see—everywhere.

Let us do our work as well,
Both the unseen and the seen:
Make the house where God may dwell,
Beautiful, entire, and clean.

Else our lives are incomplete,
Standing in these walls of Time,
Broken stairways, where the feet
Stumble as they seek to climb.

Build to-day, then, strong and sure,
With a firm and ample base:
And ascending and secure
Shall to-morrow find its place.

Thus alone can we attain
To those turrets, where the eye
Sees the world as one vast plain,
And one boundless reach of sky.

One last word, gentlemen, write in your note-book as the terminal word of your college course, karma; karma one with kismet.

---

*SOME PHASES OF CANCER.**

By THADDEUS A. REAMY, M.D.,
CINCINNATI, O.

MR. CHAIRMAN, LADIES, AND GENTLEMEN: The Medico Chirurgical College, whose present session is about to close, though comparatively young, has already won an honorable position among the medical educational institutions of the country. It has won this position on its merits. That it numbers among its teaching corps men of international reputation is known to all; that its programme is to elevate the standard of medical education is a guarantee that it will be sustained by the medical profession, and will therefore grow to even greater power. To address its Alumni at their annual reunion is a distinction which your speaker highly appreciates. We shall seek to make the occasion one of profit by a brief discussion of some phases of cancer—a subject which, owing to special circumstances, more now perhaps than at any past period, commands the attention of both the laity and the profession. The authorities whose opinions sustain the teachings of this paper are quoted at length in notes, which are before me, but which will not be read, being too tedious and technical for the approval of a mixed audience. They will, however, be published as a part of the paper for the satisfaction of the professional reader.

The mysterious and the horrible are always strangely fascinating to the mind. That which is known to all, however interesting of itself, soon fails to command attention. From the time of Galen and Celsus, who gave it the name of karkinos, until very recently but little was known of cancer except its merciless mortality. Even now, as to its causes and its modes of dissemination through the system—or metastasis to distant organs—there is much uncertainty. Of what we do know, however, and of the benefits of that knowledge to those who may be afflicted with the disease we shall speak hereafter. No one has any assurance of exemption from it. Within a brief period three persons of great

*The Annual Address before the Alumni Association of the Medico-Chirurgical College of Philadelphia.

distinction have fallen victims. So conspicuous were the positions held by two of these persons that at their death the inhabitants of two hemispheres became mourners. On the other hand, statistics prove that now, as of old, a majority of those who die of the malady are women. Neither sex, physical strength, social position, culture, nor refinement seem to furnish immunity. Indeed, it would seem probable that, other things being equal, those in the higher walks of life are most exposed. In connection with the foregoing facts, more recently emphasized, if we shall be able to show that our profession has made some advances, attained to better success than formerly in the warfare against this terrible disease, the statement already made, that the subject has at the present time unusual interest, will be sustained.

The popular superstition with regard to the hereditary transmission of cancer from parents to children is greatly exaggerated. Heredity has not been traced in more than 8 per cent. of the recorded cases (Sir James Paget and Records of Middlesex and London Cancer Hospitals). If these facts were more generally known to the public much needless fear and anxiety would be avoided.

It is not now our purpose to dwell upon the curious and sometimes ingenious theories which have been advanced as to cancer prior to the present century, but rather to discover if any advances have been made in the diagnosis and nature of the disease since observers began to study it scientifically—*i.e.*, with the aid of the microscope. The last forty years will cover this period pretty thoroughly, since before this time there was too much disposition to build up theories in medicine without seeking a sound anatomical basis for them. It will be impossible to enter into the literature of the subject, since a mere enumeration of the articles and monographs would cover many printed pages. The following, however, may be mentioned as among the principal contributors to our knowledge on the subject, with the dates to their works: Lebert, 1844; Rokitansky, 1846; Walshe, 1846; Bruch, 1847; Bennett, 1849; Virchow, 1850 to the present time; Wagner, 1859; Billroth, 1860; Thiersch, 1865; Waldeyer, 1867; Koster, 1869; Paget, 1870. See, also, recent monographs by De Morgan, Arnott, lectures by Paget, Spencer Wells, Virchow, et al. Recent discussions on the "cancer bacillus" are contained in various numbers of the Deutsche Med. Wochenschrift and Lancet for the year 1887–88; S. W. Gross, 1880; Butlin, 1887.

Pathology.—Observers early divided into two parties, one believing that cancer was local *ab initio*, the other that it was only a local expression of a general disease. It will be noted that the majority of practical writers (as opposed to pathological theorists) have always favored the former view. The latter, if followed out, would lead practically to pessimism and a belief in the uselessness of operative interference. There are enough cases on record of cures to furnish formidable evidence against the theory of "carcinosis" or general cancerous infection. (See De Morgan, "Origin of Cancer," London, 1872.*)

The following quotation from a very high authority expresses current views on this subject:—

"Carcinoma is now held to be primarily a local growth by all leading pathologists, with the probably solitary, but conspicuous, exception of Sir James Paget, and the day has passed for the physician to declare that a tumor was not a cancer because it did not recur after removal. These truths cannot be too forcibly or too frequently impressed upon the laity or the family attendant, and the sooner women learn that the disease can be cured by early and adequate operation, the better it will be for their sex, and the greater will be the credit accruing to our art."†

---

*Virchow ("Archiv," Bd. III, 1888, 1–25) has a long article on diagnosis and prognosis of cancer, at the beginning of which he repeats the original statement ("Cell Pathologie," pp. 57, 393) that cancer is merely a development of epithelium in an abnormal situation. There is no specific cancer-cell which can be carried to distant parts (according to early Paris school). Do not lay too much stress, clinically, on enlarged glands, as they may be simply inflammatory swelling, no specific bacillus. Changes in blood and urine in cancer patients prove nothing. The humoral doctrine of a primary dyscrasia, which originated in a Vienna school, will probably have to give way to the view long ago put forward by Virchow, that malignant growths are primarily local in their character, and that the dyscrasia is secondary. Virchow believes in early operation. "So long as the neoplasm remains single," he said ("Spec. Path. und Therapie," Vol. F., p. 330), "we ought not to abandon hope of a successful result, even in the most severe forms of new growth."

In many situations cancer remains local for a long time, extending by contiguity and without giving rise to metastases. If removed completely patient is cured. Cancer-cells have a limited existence and tend to metamorphosis. (If this retrograde change could be brought about in the entire growth the patient would be cured. Unfortunately, we cannot protect tissues against cancerous invasion.) Virchow concludes as follows: "May the present and the future generations not grow weary in this search. If the cancer be at its beginning, and often for a long period after, a local disease, then it must be possible within this period to cure it locally."

† Samuel W. Gross, "Amer. Sys. Gynecology," vol. ii, page 310.

It must be borne in mind that these statements apply only to the early stages of the disease. When general infection has occurred, or the disease has commenced in organs remote from its original site (metastasis), of course, no cure can result from operation, even though all manifestation of the original disease be removed and the resulting wound healed.

On the Histological Nature of Cancer.—Lebert, in 1844, described a characteristic cancer-cell, similar to an epithelial cell, but larger and with irregular processes. For several years pathologists were examined for this pathognomonic cell of cancer. Many of them saw it. Bennett, however ("Cancers and Cancroid Growths," Edinburgh, 1849), demonstrated the fallacy of this view, which has long since been given up. Cancer is simply an epithelial growth, developing pre-existing epithelium, the cells not differing, histologically, from ordinary epithelial cells, but showing a disposition to proliferate rapidly and to invade destructively tissues adjacent to those in which they develop.

Metastasis of Cancer.—The explanation of this is still involved in uncertainty. Probably the infected cells are carried to neighboring glands by lymphatics, to distant organs by blood-vessels. Even now (see Balance and Shattock, Brit. Med. Jour., 1888), some believe in a parasitic development (though not the cancer bacillus). We are warranted, at least, in rejecting the idea that metastases are an expression of general cancerous infection.

Cancer Bacillus.—Scheurlen (Deutsche Med. Wochenschrift, 1887) thought that he had found a specific bacillus, which could be cultivated, and with which animals could be inoculated, giving rise to local tumors, which presented, histologically, the structure of cancer. Several observers apparently confirmed his experiments, but the evidence is now against it. It is sufficient to say that Virchow's weighty opinion is opposed to it, though that prince of pathologists cautiously states that we may in the future find that such a bacillus exists.*

"Langenbeck succeeded in inoculating men and animals with cancer in 1840. Lebert, Weber, and others followed him with variable results. Scheurlen took ten cancers removed from the breast, sterilized some serum, and inoculated it with drop from cancer. In three days spores developed, stained with great difficulty—under microscope appeared as flattened ellipsoids, measuring 0.8 x 1.5 micromillimetres. Scheurlen was not able to find these spores in sections of the cancers. Spores transferred to and cultivated in other media (gelatin, etc.), especially active growth on potato. Six dogs infected—local induration at seat of injection. The tumor when examined showed rich cell infiltration and a sort of epithelioid structure, with numerous spores as before.

"1. Bacilli constantly present in cultures.

"2. Spores of the bacilli always found in sections from the diseased tissues.

"3. The bacillus seems to stand in an etiological relation to cancer.*

"Leyden read letter from Freire, Professor in Rio de Janeiro, with regard to Scheurlen's theory.† Freire claims that on March 5, 1887, he published, in La Remo Scientifique de Paris, an article entitled 'The Microbe of Cancer.' In this he took the same ground as Scheurlen —*i.e.*, 'in the organism attacked with cancer there is found a bacillus which developed by sporulation.' Freire has also succeded in producing cancerous tumors by inoculation of pure cultures in guinea-pigs. Freire has also extracted from urine of cancerous patients a special ptomaine.‡ Perrin, Barnabie, and Sanarelli, of Sienna, claim to have arrived independently at the same conclusions as Scheurlen. Francke§ also made observations and arrived at the same result. Saw spores in sections of tumors, even when unstained. In a few times he found them in the blood.

"Sampiasi,‖ on the 'Parasitic Nature of Cancer'—twenty-eight tumors examined. Found bacilli, cultivated and inoculated the skin of cancerous patients with the cultures. Nodules were produced which were excised and examined microscopically—structure like cancer." He arrives at conclusion there is a specific bacillus, not found in benignant tumors. "This micro-organism is pathogenic for animals." "The production of malignant tumors and the general cancerous cachexia is probably dependent on the presence of micro-organism."

Deutsche Med. Wochenschrift, December 1, 1887, p. 1033. Lecture by Scheurlen.

*Ibid., January 3, 1888, p. 13.
† Freire, same man who discovered microbe of yellow fever.
‡ Ibid., p. 140.
§ Munaheuer Med. Wochenschrift, No. 4, 1888.
‖ Riforma Medica, 1888, Nos. 4 and 5.

"Senger* concludes an article on this subject as follows (result of two hundred inoculations): 'With all our present methods we cannot obtain a bacillus or bacterium from a cancer which stands in an etiological relation to the cancer.'

"'The bacillus which Scheurlen has extracted and described belongs to the harmless potato bacilli.'

"'The finding of the etiology of cancer is a new and great aim which demands new methods and new roads, which, however, must first be discovered.'

"Baumgarten† agrees with Scheurlen.

"Pfeiffer,‡ 'Scheurlen's cancer bacillus is a Sapiophyte.'

"Pfeiffer has tried to cultivate so-called cancer bacillus without success. He obtained a pure culture from Berlin (from Schuerlen himself) and inoculated serum. Found the spores and bacilli described, and thinks Senger is wrong in saying that Scheurlen has mistaken potato bacilli for cancer bacilli. Scheurlen's bacillus is probably identical with the proteus mirabilis of Hauser, which is simply a product of decomposition. 'It has absolutely nothing to do with the etiology of cancer.'

"Scheurlen§ protests against Senger's accusation that his bacillus was due to carelessness in preparation of specimens. 'In order for the production of cancer several factors must be present, and though the bacillus is doubtless a causal factor, it is not necessary, and even very improbable, that cancer should be produced by it alone.'‖

"Makara¶ reviews all the existing views on the subject, viz.:—

"*Pro.*—Scheurlen, Schill, Freire, Perrin, Barnabe, Sanarelli, Sampiasi, Francke.

"*Con.*—Senger, Baumgarten, Pfeiffer.

"Makara made a series of experiments (seventy-two inoculations), found no specific bacillus. Thinks that cancer cells themselves undergo degeneration and produce ptomaines, which poison system and produce cachexia, the cells extend to neighboring parts, and thus neoplasm grows.

"Walshe** rejects the 'hypothesis which seeks to connect the appearance of cancer with the presence and agency of parasitic animals.' Early writers (Justamond, 1780, Quadrio, 1730) had this parasitic idea—*i.e.*, that 'cancer was due to insects, or the germina of these, taken up from the air by the lymphatic vessels.'"

(It is remarkable that the bacillus theory of cancer should thus have been foreshadowed more than a hundred years ago.)

Diagnosis.—It cannot be said that much progress has been made in the last forty years as regards the recognition of fully developed cancer. (Bennett's monograph, published in 1849, shows a pretty thorough knowledge of the subject.*) At the present time, however, surgeons generally unite careful microscopic examination of the structures in a suspected case with the clinical study and macroscopical appearances, thus recognizing the malignant character of tumors much earlier than formerly. Herein is one of the most important advances. It points the way to extirpation of the growth in its earlier stages, while it is yet local, thus largely increasing the chances of cure. But Virchow's experience in the case of the Emperor Frederic shows how difficult it sometimes is for the most experienced pathologist to give a positive opinion regarding the malignancy of a growth, especially when so located as to permit of the removal of only a very small specimen for microscopic examination. (See abstract from personal letter to Spencer Wells from Virchow, British Med. Jour., 1888.)

However, our knowledge of the natural history of cancer (especially cancer of the breast

*Deutsch Med. Woch., No. 14, 1888, p. 234.
† Ibid., p. 606.
‡ Deutsche Med. Woch., No. 14, 1888, p. 203.
§ Ibid., p. 617.
‖ Ibid., p. 634.
¶ "The Etiology of Cancer."
** "Nature and Treatment of Cancer" (London, 1846), p. 35, Origin of Cancer.

* Bennett "On Cancerous and Cancroid Growth" (Edinburgh, 1849). Preface: The microscope alone, that is, independently of all other kinds of observation, can seldom determine in the living subject the presence or absence of cancer. . . . No single element is diagnostic. (Müller first showed this.) Müller first maintained that there was no difference, histologically, between cancer and healthy tissue. (With regard to microscopical diagnosis of cancer we have not improved very much on Bennett; it is remarkable that his teaching should have been so slow of acceptance.)

On the local origin of cancer this distinguished author seems likewise to have been far in advance of his time. On page 231 he says: "A cancerous growth is for some time purely local. . . . In this indolent state a tumor may often be discussed (dispensed) by appropriate means, and, if excised, be permanently eradicated. Page 223, Even when the growth has become moderately cancerous, ablation is stated to have been occasionally followed by perfect success." "There was a time when phthisis was thought to be necessarily fatal. . . . Morbid anatomy has expelled that error, as it will doubtless do that regarding cancer." (This remarkable statement, foreshadowing our present knowledge of phthisis, its prevention and cure, as well as our present knowledge of cancer, with its possibilities of cure, was written more than forty years ago.)

and uterus) has been much extended within the past ten years. (See "Gross on Tumors of the Breast," Amer. Sys. Gynecol., vol. ii.) With greater experience surgeons have also learned to distinguish more accurately operable and inoperable cases (by recognizing slight glandular involvement, evidence of secondary visceral trouble, etc.), and thus to save patients from severe, dangerous, and useless operations. These conservative results, derived from our knowledge, are next in importance to the cure of disease by early operation. It is no small matter to save a sufferer from a surgical operation which could do no possible good.

Prognosis.—While all writers acknowledge, and all clinical experience shows, that the natural tendency of cancer is toward death, we are now more hopeful than formerly. According to the old constitutional theory, the system was saturated with the cancerous infection, so that to remove the tumor was simply to remove the visible manifestation of a disease which was bound to crop out again soon.

Authorities have varied with regard to the prognosis of cancer with and without operative interference. Cases have been reported in which cancers underwent fatty degeneration, cicatrization of the surrounding tissues occurred, and there was an apparent cure. In some cases true cancers (scirrhus) are of long standing, or even seem to lose their malignant character. Hence, we can say that they are not absolutely and invariably fatal in their course. (See Walshe, Bennett, etc.) So rare, however, are such results that they only establish exceptions to the general rule.

All statistics show that patients live longer (in properly selected cases) after removal of the primary tumor, providing that it is done early and in a thorough manner, and in quite a respectable number of cases the patient is practically cured, at least there is no return, and he or she dies from some other cause.*

S. W. Gross has shown by the most indubitable clinical evidence that removal of the breast for cancer has brought about a permanent cure in about 12 per cent. of cases operated on. And this not in selected cases, but in many of them the disease had already involved regional lymphatic glands. He legitimately predicts that when operations are done earlier and thoroughly the per cent. of cures will be double.*

"Meyer† analyzes sixty-four cases of cancer of different regions of the body in which tumor was excised. Thirty-two still living at intervals varying from nine and seven-twelfths to twenty and three-twelfths years. Nineteen lived from one and six-twelfths to sixteen years and died of other diseases. In eighteen who died, nine succumbed to local recurrence —only four of metastasis alone."

In giving prognosis after operation, we must take into account the immense difference between the present results of antiseptic surgery and those of a few years ago.

Now, as the German surgeon puts it, death after amputation of the breast is almost unheard of. Formerly 25 to 30 per cent. succumbed to operation alone. Now, we can almost disregard the immediate effects of the operation in giving our prognosis, providing the operation is not too "heroic"—that is, unjustifiable.

Treatment.—We may discuss in a few words the various remedies supposed to have a specific constitutional effect in cancerous disease. Iron, arsenic, etc., remedies which in certain quarters have been supposed to act as specifics, only act as tonics, improving nutrition. Chian turpentine, so vaunted by Clay, has never given any results save in his hands. No modern surgeon would think of relying on general constitutional remedies except in cases where the knife could not be used. As Virchow says, it does no harm to try these things, since we may possibly hit upon a specific some day. Local applications: Caustics were formerly used in preference to the knife. (Langston Parker.)

---

* "The Operative Surgery of Malignant Diseases." Butlin, London, 1887.

Page 4. "The earlier a cancer is removed, so much the more likely is the operation to be permanently successful."

Page 5. "It is probable that a greater number of patients will be disposed to submit to early operation in the future than formerly."

Page 9. "The more freely a cancer is removed, the more likely is the operation to be permanently successful."

Page 24. "I have no doubt of the power of surgery to cure a certain number of cancerous patients, providing the expression 'cured' is understood in the same light in which it is understood when it is employed in reference to patients who have undergone amputation for some deformity, or an ulcerated leg, or excision for a diseased joint."

Page 27. " . . . There need be no hesitation in claiming that all persons who remain well and free from cancerous disease for full three years after the operation, or the last operation (in cases in which more than one operation has been performed) have been cured of the disease."

* "Amer. Sys. Gynecol.," vol. ii, p. 311.

† Zeitschrift fur Chirurgie, XXVIII, 1888, p. 169, "Heilbarkeit der Krebskrankheit."

They are now used both by the scientific surgeon and the empiric, but by the former they are generally employed only where the knife cannot be used. Both ancient and modern caustic "cancer cures" all contains chloride of zinc in greater or less strength, arsenic, etc.—remedies which can only be safe in the hands of the experienced. Modern surgeons prefer the knife, as already stated, the only trouble is that the present tendency is to be too radical—to remove entire organs where it is just as well to remove portions of them, and to undertake operations on the internal viscera (excision of the pyloris, tumors of the brain, etc.), which are brilliant, showing the marvelous possibilities of surgical operation, but simply shortening the patient's life—therefore only to be condemned. While we should always adhere to the rule, when an operation is decided upon, to cut wide of the affected part into sound tissue, we should consider whether the ultimate effects of the operation will not be as good if it is partial instead of radical.*

This is certainly true where the disease is in special localities. If cancer is recognized at its inception, and we can learn to tell with certainty that it is absolutely limited, surgery will become more conservative, though not less brilliant, than at the present time. Attention has been called to the immunity from immediate danger after operation secured by antisepsis—the tendency has possibly been to make surgeons too bold—they are ready to attempt anything. It may be necessary for them to go back to some of the old conservative rules, especially with regard to cancer (see Moore in "Holmes' System of Surgery"), and to recognize the fact that some cases should not be touched at all. A large clinical experience justifies the statement that when the diseased tissue cannot be wholly removed the patient will live longer if it be not touched. It is a responsible position for the surgeon to decide when to adopt a measure which on the one hand may save life, on the other destroy it.

On the whole, the outlook is encouraging. We know more about the nature of cancer, macroscopically and microscopically, than we did even ten years ago. Though no specific bacillus has been found, or any specific remedy for such bacillus, even such an authority as Virchow does not deny that the future may disclose them. And Sir James Paget, equally distinguished authority, confidently predicts that the specific cause, probably a bacillus, will be discovered in the near future. The specific cause detected, the prevention of the disease at once becomes possible. We recognize incipient malignant disease now more promptly than formerly, and deal with it more promptly, radically, and successfully. Indeed, early recognition, early and decisive treatment, constitute the main factors in our advances in this field. The mortality from surgical interference has decreased and is decreasing wonderfully, and the statistics, if not of permanent cures, at least of life prolonged, pain and anguish lessened, are most encouraging.

Judging of the future by the past, have we not good reason to indulge the hope that pathologists will yet, probably at no distant day, fathom the secrets of this horrible and fatal malady, and that surgeons will finally triumph over this deadly foe?

* Hofmeier reports the results in the University Frauen Klinik in Berlin from October 1, 1878, to October 1, 1886, showing that at the end of four years, in cases where cancer was removed by high amputation of the cervix uteri, 41.3 per cent. of the persons so operated upon were well. Out of forty-six cases of total extirpation of the uterus, not a single one was known to be living. (See, also, "High Amputation of the Cervix Uteri for Cancer, with Cases," by Thaddeus A. Reamy, M.D., "Gynecological Transactions," Vol. XIII, 1888.)

ORIGINAL COMMUNICATIONS.

*ACUTE LOBAR PNEUMONIA.**

By WILLIAM PORTER, M.D.,
ST. LOUIS, MO.

ALTHOUGH in the selection of the subject for the evening the single word "pneumonia" was chosen, I will confine my remarks to that form which is now denominated acute or primary lobar pneumonia.

The name indicates the difference existing between this and the catarrhal or lobular pneumonia so frequent in this climate, which is generally preceded by bronchitis, and may invade scattered lobules throughout one or both lungs.

Acute lobular pneumonia, on the other hand, is a primary disease confined, as a rule, to one part of one lung, characterized by a well-marked inflammation of the vesicular structure with exudation, in the course of which we have the three stages, congestion, red hepatization, and gray hepatization.

* Read before the Medical Press Association, March 16, 1889.

To fully discuss the morbid anatomy of this disease and the interesting pathological changes which are found in the different stages would of itself require more than the whole time allotted to me; hence I may only speak of a few of the many phenomena which the anatomist and microscopist have found.

If, then, I ask your attention mainly to the etiology and treatment of pneumonia, rather than to such interesting topics as the symptomatology and diagnosis, it is not that these last are less important, but that by confining our thought to certain channels we may find more of interest and profit than we might if we traversed the whole field of the study of pneumonia.

An objection has been made by some writers, and among them the late Professor Alonzo Clark, to the term "croupous" as expressing the true conditions which are found in the pulmonary structures in this disease. If by croupous we mean an inflammation resulting in an organized exudation or false membrane, there is no pathological change in pneumonia to which the name applies.

Briefly stated, the morbid changes in their order are a distention of the capillaries around the air-cells and an exudation into the vesicles, although some maintain that the effusion is from the bronchial capillaries. Further along, the alveoli are found to be swollen and filled with a solid mesh of striated fibrin, containing blood-corpuscles and changed epithelia, which may contain one or multiple nuclei. The change to gray infiltration is gradual, becoming more marked as the fatty degeneration of the cell elements and discoloration of blood-corpuscles take place. Pus-cells are always found in the later stage, and on section light-red or reddish-gray purulent fluid exudes from the dirty gray surface. A return to normal conditions is possible through resolution. The cells in the air-sacks become broken down and the alveolar contents are either expectorated or absorbed, while the capillaries are restored to their normal size and the alveolar epithelium is redeveloped.

In such cases recovery is complete, in others the pneumonic changes result in suppuration or abscess, and rarely in gangrene. Infrequently the termination is a chronic fibroid phthisis.

One of the most interesting discussions in the study of pneumonia during the last decade has been upon the etiology, especially as to the questions of contagion and specific origin.

We all recognize that age, climate, and general systemic condition may be predisposing agents. Loomis aptly says that "a glance at its etiology shows that it is a disease to which all things predispose that depress the general vitality, and in studying the predisposing causes of pneumonia one is led more and more to observe that it is more liable to occur the less resistance individuals are able to offer to some (as yet unknown) specific pneumonic influence."

Hirsch has shown that the amount of the mean fluctuation of the mortality from pneumonia is in inverse ratio to the density of population, and partly upon this fact rests the hypothesis that, like many of our acute general diseases, pneumonia may be due to some specific infection. I trust we may be impressed to-night with the importance of the question—is there a specific cause of pneumonia?

Without being fully convinced, I shall for argument's sake present the affirmative, for not only does this position carry the *onus probandi*, but I believe the weight of evidence upon this side is increasing year by year.

There are many points of resemblance between pneumonia and acute general diseases; there is the initiatory chill, a regular pyrexia, and a somewhat well-defined course. It has been pointed out that the symptoms follow each other in regular order, that there is a peculiar countenance, as in typhoid, that there are often herpetic eruptions, that there may be nephritis, and that the cerebral symptoms are often like those which accompany the exanthems.

Much prominence has been given to a paper by Dr. Henry Baker, of Michigan, on "The Causation of Pneumonia," read not long since before the Brooklyn Pathological Society. He presented statistics of over thirty thousand weekly reports of sickness and one hundred and fifty thousand observations of atmospheric temperature. He further cited one hundred and fourteen thousand deaths from pneumonia in London during thirty years, and fifty thousand reported during the last war in this country. He certainly showed that the sickness curve followed the temperature curve, not only in pneumonia but in bronchitis. His conclusions, however, are faulty in this, that he has not made, nor, from the way in which

statistics are taken, could he make, a distinction between catarrhal pneumonia and the acute lobar pneumonia, which we are now considering.

The former, all admit, is to a large extent influenced by temperature changes, as in bronchitis, upon which it so largely depends and so often complicates. On the other hand, it has been clearly demonstrated that extremes of heat and cold are not favorable to the development of acute pneumonia. The majority of cases do not occur even in our cold months, but rather in the spring and autumn or during changeable winter weather, as is the case with many acute specific constitutional diseases.

That pneumonia is occasionally epidemic we must admit. Two years ago Dr. R. J. Foulis reported one hundred and fifteen cases occurring within a radius of two miles from Wylain, England, in less than sixty days. The pneumonia was the acute lobular form of a decidedly infectious type, and the average crisis was the seventh day.

I might quote Dr. A. E. Bell's report to the Muskingum Valley District Medical Society of fourteen cases in four families within a mile, or the records of several well-known epidemics in Germany, of the outbreaks in prisons and on board ship, and in overcrowded garrisons.

Tregnago, Verona, a town of about two thousand inhabitants, strong, healthy people, previously free from epidemics, lies in a narrow, winding valley. The outbreak of pneumonia was preceded by no peculiar meteorological conditions. The first cases occurred in a limited part of the village near a pond that was used for washing clothes, the water of which was covered with a scum, was greenish in color, and had an unpleasant smell. In all about one hundred persons were attacked. The ratio of mortality was about 30 per cent. It attacked all ages alike, though in the matter of sex there were four males to one female.

In the Berliner Klin. Wochenschr., 23, 1883, Dr. Heinrich Schmidt, of Konigsbronn, Würtemberg, reports an epidemic of croupous pneumonia which occurred in Zang in April, May, and July of that year. This village had five hundred and forty-nine inhabitants who had been free from typhus and intermittent fevers, though pneumonia had been frequent among them. There were in all nineteen cases, sixteen of which happened between the 10th of May and the 19th of June. The disease did not differ much from the usual type, four cases were abortive, one was typhoid. The incubation period from five to eight days. The particular cause of the outbreak was not discovered.

So long ago as 1864 Dr. Russell reported to the United States Sanitary Commission that at Benton, in our own State, "the surgeons on duty with the regiments in the barracks report that men occupying the bunks with those affected were very much more liable to be attacked than those more remote. Some of the more intelligent surgeons were led to believe that the disease was actually contagious."

The statement of Maragliono, published in my last report (Medical Review, February 23, 1889), that pneumonia is an infectious disease due to micro-organisms, is, from our present knowledge, an extreme position, yet the fact remains undisputed that there is a micrococcus peculiar to pneumonia. Seven years ago Friedlander described micro organisms found in pneumonia as being of almost constantly similar size and form, ellipsoidal, a micro-millimetre in length and one-third less in breadth. Spherical organisms were also seen, and these were found by Koch in the lungs and kidneys of a patient that had pneumonia following relapsing fever.

Salvioli and Zaslieu the following year found similar microbes in the sputa from fourteen cases of pneumonia, and during the succeeding years the contributions to medical literature have been frequent and confirmatory.

It is now claimed (*vide* report of Dr. Wm. W Welch in Dr. Van Bibber's paper, American Medical Association, 1888) that the micrococcus Pasteuri discovered by Sternberg in 1880 is the cause of pneumonia rather than Friedlander's bacillus, although the latter has been found in lobular pneumonia, in meningitis, and otitis interna. It is also called Frankel's pneumococcus, because this experimenter has carefully studied its relation to lobar pneumonia, and is considered by him the sole cause of the disease. The fact that it is sometimes found in the saliva of a healthy person does not, in the minds of many, argue against this proposition, for, say they, it is only when the etiological factors of exposure, bad hygienic surroundings, etc., are added that the micrococcus Pasteuri is most likely to produce pneumonia.

The question may well be asked, as it is

concerning the tubercle bacillus, is this pneumococcus the cause or the result of the disease?

So far an exact conclusion is impossible. Weichselbaum (Edinburgh Medical Journal, 1887) believes that not only is the pneumococcus the cause of pneumonia, but, following the experiments of others, maintains that when cultivated and introduced into healthy animals it will produce a typical pneumonia. M. Perret with M. Rodet (Lyon Medical, 1887) believes that the same result may be obtained from the introduction of the germs of such specific diseases as typhoid fever, measles, and scarlatina.

Following the suggestion that the pneumococcus may be the result of the pneumonia rather than the cause, let me quote a case reported (Cent. fur. Chir., 1887) by Dr. Koch, of a man, who, falling, sustained a severe contusion of the chest. Two days later he was taken ill, went to the hospital, and died in two hours after admission. The lungs swarmed with the bacilli of pneumonia. The patient was entirely free from the disease when injured.

The microscopic specimens to be presented this evening by Professor Trelease are specially interesting in view of the researches to which I have alluded.

Though it is not yet certain that there is a specific cause for lobar pneumonia, do not the citations which I have made, and many others that will occur to you, point that way? At least we may conclude with the editor of the British Medical Journal, who, after carefully reviewing the reports from the various sources, says, "Pneumonia is liable to occur in series and to prevail at certain seasons, that it is sometimes so prevalent in localized areas as to justify the term epidemic, and that it appears to be occasionally contagious."

The symptomatology and diagnosis of pneumonia are fruitful themes for study and debate, but with your permission I will only say in passing that sufficient care has not been taken by many otherwise pains-taking physicians to distinguish between the acute exudative or lobar pneumonia, and catarrhal or bronchopneumonia. The differential diagnosis is seldom difficult, and the distinction should be made, not only for the sake of accuracy, but because the course and termination of the two diseases are often widely different.

Though we may have divers opinions concerning the etiology of pneumonia, when we come to the treatment I believe there are certain views which we all hold in common.

When we remember the pathological phenomena in a typical case of acute pneumonia we have a rational indication as to treatment, but in no other disease is it more necessary to individualize the case and to meet the indications as they arise. It is a disease which wages active warfare against the vitality. Exceedingly fatal in the old, it is scarcely less so in young children, in the very poor, and in alcoholic patients. In such cases success or failure depend to the largest possible extent upon the amount of support given.

If the patient is seen early in the stage of engorgement, when the disease is not fully developed, I believe that the strength may be conserved by the judicious use of opium, especially if there be much pain and restlessness. Formerly I was careful always to apply and to keep applied a hot meal poultice, but am now content to use the oil-silk jacket, to the inside of which is stitched a layer of roll cotton. This not only protects the chest from sudden chill, but encourages local diaphoresis. If, as sometimes happens, there be much local pain, I have found that a cloth wrung out of hot water and placed under the jacket, over the seat of pain, is often effective. Early in the attack, if the tongue be coated and the secretions sluggish, a well-chosen dose of calomel and soda may do much for the patient, not only in accord with the good old-fashioned idea of its being an antiphlogistic, but also because it empties the alimentary canal of accumulations which may add to the conditions of disease during pyrexia. I have seen a drop of 2° follow the action of such a remedy.

During the first few days of the disease the high temperature may demand attention, but it is certainly bad practice to attempt reduction at the expense of vitality. In the past year antipyrine and antifebrine have been much lauded in such conditions. While these agents are doubtless useful, and I am sure I have had the most fortunate result follow their administration, yet from their known depressing effect upon the heart they should be used with extreme caution. The same may be said, but even more emphatically, of such agents as aconite and veratrum.

High authorities have advocated such medication, but if the modern estimate of pneu-

monia be correct, I cannot concede that the use of them is either indicated or safe.

The experiments of Winternitz have shown that the application of cold by ice-packs or bags, while possibly a temporary check to the capillary distention, is exactly the reverse if continued. Happily, this treatment is almost abandoned in pneumonia.

Recently Libermeister has, with much force, advocated the use of the bath at about 68° whenever the patient's temperature reaches 104°. The excitation attending this method is to be deprecated in pneumonia, where rest and quiet should be maintained, if possible; but following the idea suggested by this great teacher, I have repeatedly ordered sponging of the limbs with cool water with pleasing effect. This need not interfere with the oil-silk jacket around the chest.

The practice of giving large doses of quinine in high temperature in pneumonia is indorsed by Loomis, who gives as much as twenty to forty grains within two hours, or even at a single dose. This is antagonized by many able practitioners, and among them Dr. J. H. Ripley, who detailed to the New York Academy of Medicine the result of a number of experiments made to test the efficacy of quinine as an antipyretic in pneumonia. The most he could effect from twenty to forty grains of quinine prescribed daily to patients in the active stage of acute lobar pneumonia was a temporary reduction of from one to two in about one-half the cases, and of less than one-half in the rest. I have found the systemic disturbance which often follows large doses of quinine to be more harmful than the condition for which the quinine was given.

It is the experience of most physicians that the most frequent form of death in pneumonia is from heart failure. The failure may be due to the obstruction to the action of the right side of the heart from the pulmonary inflammation, or to a failure of nerve supply to the heart from abnormal blood conditions, or both.

Having used all reasonable means to lessen the local pulmonary inflammation, the most careful attention should be given to quieting and sustaining the heart. A restless, anxious mental state certainly increases the heart-action and wears away the vital energy. A word of encouragement in such cases is often better than a dose of medicine, and the confident assurance that the patient is doing well helps to relieve the mind of the patient already burdened by the distressing physical complications.

As I have already suggested, an opiate may here be used with advantage. Dr. Stewart Lockie advises an opiate, even if a small amount of albumen be present, provided there is no history of previous kidney disease. I prefer the Dover's powder, it being less likely to check the secretions than opium alone. Bartholow prescribes chloral, but in my hands it has not given the best results.

Sooner or later in the conduct of a case of pneumonia a direct heart tonic is demanded. Whether from obstruction or loss of nerve power, the heart begins to weaken, the lungs become surcharged with blood, even beyond the boundaries of the pneumonic inflammation, oxygen is being denied entrance, carbonic acid accumulates, the patient grows drowsy, function fails, and death calls a final halt. When the first evidence of heart failure is found, and it should always be expected, the remedy which to me seems indicated is digitalis.

There has been much debate upon this subject, and I am ready to admit that harm has been done by giving the drug before there is a demand for it. Sometimes the amount given is also greater than is necessary. For instance, not long ago Dr. Antonia, of Bucharest, reported one hundred and forty two cases of pneumonia treated by Professor Petrescu, in which the dose of digitalis was two drachms of the leaves in infusion every twenty-four hours. This is not my ideal of correct medication. Rather the digitalis should be given slowly, carefully, a gradual increase of the amount, if needed, and when the desired action has been restored it is well to cease the administration until the symptoms again call for it.

In battling with all acute diseases, we should not exhaust our reserve. There is nothing I am more afraid of in the case of pneumonia than the depression which may follow overstimulation. It is well to keep something on hand for an emergency, hence, I am content with a moderate and possibly occasional use of digitalis under ordinary circumstances, being ready to increase the medication to the farthest limit only if there is an imperative demand.

The same course should, I believe, be pur-

sued in the administration of alcoholic stimulants in pneumonia. A good whisky is best of all and often is a substantial aid in bridging the patient over the crisis. In alcoholic patients where respiration and circulation are markedly depressed, hypodermic injections of strychnia are exceeding valuable. [In the discussion following the paper, Dr. W. G. Moore insisted upon this, and his views were indorsed by Drs. Dalton and Lewis, of the City Hospital, who had followed this suggestion to very fortunate conclusions in repeated instances.]

Not the least important part of the treatment is proper nourishment. Milk or milk with seltzer-water is nearly always grateful, while in cases where there is great exhaustion, the milk should be partly pre-digested, for assimilation is not only important, but is generally diminished. During the last two years I have placed much confidence in frequently repeated small doses of bovinine, although in some cases liquid peptonoids seem to answer better. The ordinary beef-tea has proven to be a delusion except as a stimulant, and then it is a poor one. In pneumonia the nourishment should be given in small quantities frequently, for, as in typhoid fever, the conduct of the disease is often a trial of endurance.

While much is yet to be learned concerning the treatment of pneumonia, we have at least this in proof, that it is best at all times to sustain and frequently to stimulate the patient. Many complications may arise, but this necessity is always present.

Let me add that sometimes during the course of the disease it is desirable to secure a free movement from the lower bowel, and yet seems unwise to give a laxative by the mouth. Instead of the warm-water enema, which is often burdensome to give and distressing to receive, a little pure glycerine may be injected, affording, as we all know, prompt and free relief.

I may not go farther into the details of treatment, but will leave it to you to fill in the outline which I have given. If, as seems probable, pneumonia is due to a specific cause, we may some day be able to substitute for expectant medication a specific remedy. So far, we have failed to discover such an agent, and we can only treat the symptoms and anticipate important changes.

There is no need, however, that the physician should be discouraged by the result. It is true that lobar pneumonia is a grave disease, but it is most fatal in patients in whom there are predisposing causes which in themselves are often beyond our reach. Old age, cardiac lesions, chronic alcoholism, Bright's disease, these and other asthenic conditions, may prevent a favorable termination. In moderately asthenic subjects, not debilitated by immediately acting or remote causes or complications, Dr. W. D. Schuyler (New York Medical Journal, August, 1888) says "that without regard to the extent of lung involved, the age or the sex of the patient, or the degree of fever, the prognosis is to be regarded as favorable." There are many exceptions, but I believe this may be regarded as a rule.

In all cases of pneumonia we may safely follow this main idea,—if there is strength, guard and sustain it; if strength be lacking, as far as possible supply it. Rest, nutrition, and proper stimulation are the three links by which we may draw the patient back from the brink of disaster. Whatever other indications may be present, these certainly should not be neglected.

ON PREPARED FOODS.

By WILLIAM R. D. BLACKWOOD, M.D.,
PHILADELPHIA.

I HAVE, in several numbers of the MEDICAL BULLETIN, called attention to the use of foods other than those which may be termed normal articles of diet in the case of nursing infants, principally, but at times also in invalids of maturer development. A great trouble in getting farinaceous bodies to agree with the baby arises from the sweetening. You know, of course, that human milk is sweeter than that of the cow or the goat. The lacteal fluid of asses is nearer the thing than any other unprepared milk, but we cannot get it everywhere or at all times, hence the desirability of having something handy to use when, for instance, an urgent case of cholera infantum will slip through our hands despite medication, unless the diet is right. I have found lactated food a good article in these instances. For a long time I employed a mixture of cream, milk, and water (or lime-water), and I found it to agree better without sugar than with it, because the article is apt to split up before digestion and induce acidity. After much tribulation during my obstetrical days (and nights), my preceptor,

Dr. James F. Gayley—who, having brought several thousand beginners in life into the troubles and perplexities of this mundane sphere and kept them here through countless baby distempers, ought to know what the mystery was and how to overcome it—he, I say, gave me a hint one time concerning milk-sugar in lieu of the cane article. I tried it on the first opportunity and it acted like a charm. Now, just here I want to say that no matter whether things made chemically or by synthesis are identical with those existing in nature or got up by animated nature, or whether they are not, the fact remains that they don't act as well or in the same way. We know precisely what the salts are in any given Saratoga or West Virginia spring; we know how much of each it takes to make a gallon of the fluid; and when we make up an artificial water which chemists assure us is not to be distinguished from the original, we must admit the truth of their statement so far as looks and taste go, but there we stop. Nature has a knack of working out formulæ in the heart of the everlasting hills and in the caverns hewed out of the centre of the earth which no chemist, be he never so smart or never so conceited, knows anything about. The human manufacture will do to sell, but it won't do the work. Just so with the cow. She knows more about getting up a good article of milk-sugar in her recesses than all the glucose and saccharin makers do on the face of the earth. Now, "the bearing of this saying lays in the application on it," as the immortal Cuttle remarked. The supply of human milk is in the hands (or otherwise) of a great trust. There is a corner (or two corners) in the product. The demand exceeds the capacity for production, hence the necessity for a substitute in all respects suitable for the occasion. It is hard to get good cows' milk in cities, especially in the case of working people, and they require it more than the rich. They live in contracted areas as regards light, drainage, and ventilation, and when cows' milk is used by these people it is apt to get sour too soon. The only remedy is to secure something fitter for infant feeding which will not turn rancid in the heat of summer and which, in cost, nutritive worth, and readiness of preparation, will take the place of the mothers' milk. After many trials I find lactated food to be the thing, and for many years now I have used it for infants, for weak stomachs in fever patients, and for a fillip at odd times in convalescents from exhausting diseases.

Summer is coming; with it comes trouble for the children, and my object in renewing the talks of last year on dietetics is to urge those who have not tried the article to do so. The great value of the food comes from the use of milk-sugar nicely blended with the other ingredients. It makes for babies just the thing, and they get fat on it. I have a baby up town—the first-born of a druggist and the best baby in town (so he says)—and we had a nice time to bring it through its first two months, but lactated food did it. We tried other products for a time, but they were unfitted. The mother now has an abiding respect for the food, and the makers may thank me (but, as they don't know me and I don't know them, they won't) for establishing a depot for them, because the druggist is enthusiastic in its praise, and he pushes its sale with remarkable diligence (to his profit, I hope), yet he cared nothing about it before his own experience.

Try for yourself a cup of the food prepared for a convalescent from typhoid, adding to it a glass of orange wine from the Florida Orange Wine Company, and see how delicious it is. See, also, how it tones up the weak stomach, and how soon it is absorbed without causing the bloated feeling which many farinaceous articles do at first in such cases.*

In diabetes, where we must break our rules to keep the patient from deserting us and thereby hurting himself, for we only know all about his difficulty, now and then a little of the food thus made will do no harm, and it will help him to do without the sweets which he craves during his enforced diet. Other examples might be adduced, but my object at present is only to call attention to lactated food as a good baby diet before the torrid zone throws too much of its caloric in this direction.

"THE ETIOLOGY AND TREATMENT OF DIPHTHERIA," by J. J. Conner. The concluding part of this communication has been unavoidably crowded into the June issue.

PROFESSOR JAMES GARRETSON, of Philadelphia, who has been ill for the past few weeks, has recovered, and is again attending to his usual duties.

---

* To avoid imitations procure the wine either from the company, 1207 Market Street, Philadelphia, or from their authorized agents.

THERAPEUTIC NOTES.

WHOOPING-COUGH.

℞ Powdered belladonna-root, gr. 1-5.
Dover's powder, . . gr. ss.
Sublimed sulphur, . . gr. iv.
White sugar, . . . gr. x.

M. Sig.: Take in one dose from two to ten times a day, according to age of patient and effect produced.—GERMAIN SEE, *Journal de Médecine.*

CHILBLAINS.

℞ Lin. belladonnæ, . . . ʒij.
Lin aconiti, ... ʒj.
Acidi carbolici, . . . ɱvj.
Collod. flexil, . . ad ʒj.

Mix and apply every night with a camel's hair pencil.

℞ Collod. flexil., . . . ʒiv.
Olei ricini, ... ʒiv.
Spt. tereb., ... ʒiv.

Use two or three times daily.

℞ Spirit. camph., . . . ʒij.
Tinct. opii, ... ʒij.
Acid. carbol., . . . gr. xl.
Spirit. vini, ... ʒiv.
Aquæ, ... ʒiv.

—*British Medical Journal*

HYPERIDROSIS OF THE FEET.

℞ Tr. ferri muriatis, . . . ʒij.

Apply to soles of feet and between toes on retiring.

℞ Chloral hydrate, . . . ƋIj.
Aquæ, ... ʒj.

Apply as above.

℞ Potassii permanganate, . . ƋIj.
Aquæ, ... ʒij.

Apply as above.

—DR. LE ROY DIBBLE, of Kansas City, Mo.

CHRONIC CYSTITIS IN WOMEN.

Dr. W. S. Brown recommends an injection into the bladder every night and morning:—

℞ Benzoic acid, pure, . . ʒij.
Biborate of soda, . . ʒiv.
Distilled water, . . . ʒvj.—M.

BISMUTH OINTMENT FOR FRECKLES.

℞ Subnitrate of bismuth, . . ʒij.
Simple ointment, ... ʒij.

Apply to the skin at night and remove in the morning with a little cold cream previous to washing.

—*Druggists' Circular and Chemical Gazette.*

LOTION FOR SUN-BURN.

℞ Citric acid, . . . ʒij.
Pure sulphate of iron, . gr. xviij.
Camphor, . . . gr. ij.
Elder-flower water, . . ʒiij.

—*Druggists' Circular and Chemical Gazette.*

CASCARA SAGRADA IN THE TREATMENT OF RHEUMATISM.

I have read an article in the August number of the Summary, on the treatment of rheumatism with fluid extract cascara sagrada. I had several old chronic cases of various kinds of rheumatism among my patients, so at once I supplied several of them with a half ounce of the extract. The first case was F. Bonsall, aged sixty-eight years. He had it so badly he could not rest or walk without a cane or crutch. I found it the most severe in his right hip, thigh, and knee. After taking ten drops at intervals of six hours for forty-eight hours, he could walk, was nearly free from pain, but his bowels were so active I ordered only five drops. He continued at that; now he seems and says he is entirely well; looks indicate his cure complete—only half an ounce.

David Tilson, a gentleman of seventy-two years of age, machinist, had been off work for over a month; his trouble was rheumatism of the ankles and feet so he could not stand up. He had been doing all he could with cures from different physicians. I gave him one half-ounce extract cascara sagrada; did not see him for a week; he came to my office, said he was better—began to dance—than for the last ten years. I gave him from five to ten drops and nothing else. He called again in about three weeks, got an ounce, said he was all right, but wanted some of the medicine on hand.

The next two cases were ladies, one aged sixty-two and the other seventy years of age. One had a general rheumatic condition all over the osseous and the muscular system—might be called muscular and articular, or both. The sixty-two-year-old lady had been for years so crippled she could not walk, and especially painful at night in her ankles; no swelling to signify. Both these cases had the same treatment—six drops three times a day and a bottle of "placebo," tincture of lavender or some other pleasant herb, to be taken also once in six hours, alternating with the cascara sagrada. They are both comparatively well, and rest well; the weak-jointed woman says she can

walk better than for several years. Not regarding any further report of individual cases necessary, will say I have now treated ten cases with greater success than I ever had in curing ague with quinine.—JAMES M. HOLE, M.D., in the *Medical Summary*, November, 1888.

HYPERTROPHIC RHINITIS.

Hypertrophic rhinitis is generally the result of repeated colds. In earlier stages we have to deal with excessive secretion and try to prevent hypertrophy of connective tissue that lies between enlarged veins of submucous layer of mucous membrane. To do this, first cleanse the parts by applying with spray-producer a solution composed of—

℞ Soda bicarbonate, . . gr. xxx.
Soda biborate, . . . ʒj.
Carbolic acid, . . . gtt. iij.
Ol. gaultheria, . . . gtt. xx.
Glycerine, ... ʒij.
Water, ... Oj.—M.

After cleansing, apply with spray-producer—

Oil wintergreen,
Oil eucalyptus, . . āā gtt. iv.
Oil vaseline, . . . ʒij.—M.

Daily application in this way for a few weeks will often relieve from excessive discharges and prevent hypertrophy. But if the simple chronic rhinitis has advanced far toward the hypertrophic stage, I use with spray-producer the following combination:—

℞ Iodinii cryst., . . . gr. j.
Potassii iodidi, . . . gr. vj.
Zinci iodidi, . . . gr. xv.
Zinci sulphocarbolatis, . gr. xv.
Oil vaseline, . . . ʒviij.—M.

First dissolve the iodine, potassic iodide, zincic iodide, and zincic sulphocarbolate in glycerine, then add a small portion of the oil vaseline and mix in mortar, then add the balance of the oil and mix. A mechanical solution can be made in this way. It is best to make daily applications at first, then three times a week, then twice, gradually increasing time between applications until a period of three months is covered. Complete resolution may be expected except where firmly organized neoplastic tissue exists; if sufficient to occlude nasal cavities, then we must resort to measures that will remove the thickened tissue, such as chromic acid, galvano-cautery, or snare.—DR. ALLEN DE VILBISS, in *Illustrated Medical Journal.*

STRYCHNIA AN ANTIDOTE FOR MORPHINE POISONING.

Mr. C. took at 4 o'clock P.M., while drinking, six grains of morphine, and in a short time was sound asleep and could not be aroused. In half an hour afterward an effort was made to clear the stomach by vomiting, without effect, and other means to arouse the young man proved as futile as the emetics; the man slept in spite of everything. I saw him at 8 o'clock P.M., four hours after he took the morphine, and found him with all the symptoms of morphine poisoning—pulse slow and breathing very slow and stertorous. In fact, he was in a profound coma, and it was concluded by all that he must die. His extremities were cold and blue; no muscular resistance could be excited by any means. I gave him one-thirtieth of a grain of strychnia hypodermically and in a short time his pulse and breathing improved greatly, and in ten or fifteen minutes he opened his eyes when violently shaken and sharply spoken to. At this time efforts were made to wake him, after which time, say about one hour, I again injected him with one-thirtieth of a grain of strychnia and in a short time was surprised to see the magical effect of the remedy. In a few minutes more the man was conscious. During the interval between the injections of strychnia he took five grains of carbonate of ammonia every half-hour. He made a good recovery.

I consider this a grand victory, as I had two poisons to encounter—morphia and alcohol. I do not know that this is a new idea, but it was new with me, as I had never read of a cure of morphia poisoning treated with strychnia, and offer this to the profession. If it is not new it may reach some one who may have never heard of it before.—J. R. FLETCHER, M.D., in *Illus. Med. Jour.*

CHRONIC INTERSTITIAL NEPHRITIS.

For a man with chronic interstitial nephritis Professor Da Costa ordered a diet of milk, fish, etc., and occasional laxative of Rochelle salts, and—

℞ Caffeinæ,
Sodii salicylat., . . āā gr. iij.
Syrup. aurantii, .
Aquæ destillat., āā pp. æq. ad fʒiv.

RHEUMATOID ARTHRITIS.

For a case of rheumatoid arthritis in a man, aged thirty-six years, Prof. Da Costa ordered

the joints to be sprinkled over with sulphur confined by oiled silk, causing the joints to perspire freely, and—

℞ Liquor potassii arsenitis, . gtt. iij.
Sig.: *Ter die*, and increase to ten drops *ter die*.

VOMITING OF PREGNANCY.

In the treatment (medicinal) of the vomiting of pregnancy Professor Parvin prefers three to five drops of tinct. nucis vomicæ given *ter die*.—*Coll. and Clin. Record.*

CALOMEL IN PHTHISIS.

In phthisis, Dochman advises the administration of calomel in fractional doses, combined with opium and pepsin. Ergotin and extract of hyoscyamus may also be added to the pills:—

℞ Calomel (prepared by the moist method), . . gr. xv.
Pepsin, ... ʒj.
Simple tincture of opium, . gtt. xxx.
Ext. phelland. aquat., . q.s.
M. ft. in pil. no. 60.

—*Thérap. Monat.; La Gazette Méd.*

CALCIUM SULPHIDE IN CROUP.

The Medical Register in an editorial recommends the use of sulphide of calcium for croup in doses of one tenth of a grain hourly for the worst cases.

That croup is generally overtreated, that the drugs sometimes given to these little sufferers would probably bring a child who was not previously ill to the verge of death, and that the homœopaths who give nothing have about as good as or better results than those who practice the heroic methods, are facts hardly to be doubted. We have long believed and taught that previous to the retraction of the abdomen with the inspiration, which constitutes the indication for tracheotomy or intubation, it is best to let the child alone, simply giving such sustaining treatment as is possible, and even a little opium, to keep it quiet and prevent the occurrence of dyspnœic paroxysms.

The use of sulphide of calcium is not open to the same objections as turpeth mineral, alum, copper, and squill, and has the virtue of being readily administered,—a qualification by no means to be despised.—*Phila. Med. Times.*

OIL OF TURPENTINE AS AN HÆMOSTATIC IN BLEEDING OF THE NOSE.

Dr. M. Ernye (Buda-Pesth) has used tampons soaked in oil of turpentine in cases of uncontrollable nasal hæmorrhage with immediate success. In the first case the hæmorrhage had persisted for eight days and could not be arrested by external and internal measures. After application of three tampons soaked in turpentine the bleeding ceased at once and did not return. To prevent the intense irritation of the oil on the nasal mucous membrane, it is, perhaps, best to use it diluted.—*Wiener Medic. Blatter*, 1888.

DYSPEPSIA.

The following is a good combination for fermentive dyspepsia, viz.:—

℞ Acid. carbolic., . . gr. vj.
Tr. nucis. vom., . . fʒss.
Acid. nitr. mur. dil., . fʒss.
Elix. lacto. pep., . . fʒiij.
Spts. frumenti, . . . fʒij.
M. S.: Teaspoonful three times a day before meals.—Dr. I. N. Love, in *Med. Review.*

PHARYNGITIS.

℞ Potassæ chloratis pulveris, ʒj.
Acidi hydrochlorici, U.S.P., fʒiss.
Misce et adde
Tincturæ ferri chloridi, . fʒij.
Aquæ, . . q.s. ad fʒiv.
Sig.: Teaspoonful every two hours, with no water.—Prof. Waugh, Philadelphia, Pa.

ADIPOSITY OF THE BREASTS.

Women troubled with this accretion have usually been dosed (in Europe at least) with iodide of potassium. Professor Kisch considers that this treatment is never efficacious except at the cost of emaciating the entire economy. He proposes the following, which he has used successfully against this condition. Cover the breasts with an ointment as follows: Deodorized iodoform, fifteen grains; vaseline, two hundred and twenty-five grains; ol. menth., one gtt. Then cover the breasts with hot cloths dipped into a solution of alum, fifteen grains; acetate of lead, seventy-five grains; aq. dest., fifteen hundred grains. Impermeable paper is placed over the cloths and the dressing allowed to remain in place for eleven hours. Two dressings daily are given for several weeks. The "slack" of the skin is taken up by using frictions of aromatic alcohol. Bandages must be worn for some months after the cure is effected. There is enough here to make the fortune of an anti-fat charlatan.—*Medical Abstract.*

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Publisher.
S. C. BERGER, Business Manager.

Philadelphia, May, 1889.

THE TRICYCLE.

AFTER Sloyd training for the invalid and for children, when they can get out of doors, there comes the tricycle, a machine which is well calculated to add romance to the poetry of life. Dr. Oscar Jennings, an English physician practicing in Paris, has recently issued a brief treatise upon the tricycle considered from a medical point of view. We have not had an opportunity of examining this work, but from the reports which have reached this side of the Atlantic it must be regarded as a fair exposition of the value of this method of exercising, and physicians will do well to consider the regulations which should be given to those about to adopt it.

Dr. Jennings very thoughtfully lays down the rule that the machine should be used only in moderation, and that racing is for professionals alone, who have been properly trained. It is urged that all who may adopt the plan for the promotion of health should follow a few simple rules and be content to travel at an easy gait,—say, not more than six miles per hour, —and that as a preliminary to riding the manner and matter of dress should be duly considered. The rider ought to dress exclusively in flannel.

The author shows that cycling benefits the varicose veins, and in all cases of hernia, hæmorrhoids, chronic rheumatic gout, and obesity this form of exercise is recommended. Men who follow sedentary occupations, and feel an increasing stiffness about the joints, or have chronic constipation, derive great good from cycling. With regard to this form of exercise as a curative for rheumatic cases, an incident is given of a man who had been to twenty doctors and survived them all, to be cured at last by being advised to ride the tricycle. Ladies are also recommended to mount the iron steed, and their neuralgias, insomnias, and nervous prostrations will soon leave them.

CREMATION OF GARBAGE.

PERHAPS one of the most pressing needs of the time arises from the accumulation of garbage, especially in the large cities and in those towns where the facilities for its removal are imperfect. Atlantic City, the great Philadelphia watering place on the seaboard, felt the depressing influences following upon a lack of proper facilities for the disposal of these accumulations, and soon would have lost its prestige had not the authorities determined to do something in the premises. Accordingly, they have now at that popular resort a means of conveying the garbage to some distance from the city, where a crematory is in constant operation, and the objectionable features which have been urged against the town in respect to malodorous smells must be discontinued.

For some months past a company has been operating a garbage crematory at Detroit, and with apparently the best results. It is claimed that even in this short time the death-rate has been materially reduced, and with this improvement it is not beyond the possibilities that Detroit may eventually become the most healthful city of the country.

The same company now operating in Detroit has made overtures to the authorities in New York with a view to take charge of the garbage of that great city, and now if they will make an advance upon this city we trust they may find a susceptible area within the cerebrum of General Wagner, the Director of Public Works, for the lodgment of demonstrable ideas concerning garbage cremation.

TECHNIQUE OF CÆSARIAN SECTION.

THE simplicity of the technique of Cæsarian section as practiced by Dr. William Goodell is so well illustrated in the course of a clinical lecture lately delivered that our readers cannot afford to overlook the advantages of his methods, and a summary is deemed of sufficient interest to appear in these columns. The patient was a white woman, aged thirty-

two years, who had been married at fourteen and had given birth to eight children, besides having four miscarriages, the last being twins. In this instance, a few weeks before quickening had appeared, this patient came under observation, when an examination discovered the fact that she was the subject of cancer of the cervix, for which curetting was performed. Two weeks later pregnancy was discovered, and this was the only means of enabling the surgeon to determine the expiration of the period of gestation. Cæsarian section having been determined upon, the operation was to be performed about ten days ahead of term.

An interesting fact was brought out in the lecture, namely, that in case there was any danger to the life of the child, the physician was authorized to perform the rite of baptism, two names, male and female, being decided upon by the mother previous to the administration of the anæsthetic. Dr. Goodell remarked that this was a matter of religious belief with some persons, and it should always be attended to where there was likely to arise any complications which would endanger the child's life.

Speaking of the Sanger operation, which was the one adopted, Dr. Goodell observed that the operation had been remarkably improved, statistics showing one hundred and sixty-three cases with but forty-five deaths, although in this country the ratio had been less favorable, twenty-six cases with sixteen deaths. The operator attributed the great improvement to the use of two sets of sutures for the purpose of bringing the uterine walls and peritoneum into close contact. Another cause for the lessened mortality was the precautions followed in the matter of asepsis and antisepsis.

The method of applying the sutures is thus given:—

"In closing the incision through the uterine walls I employ two sets of sutures. First, a set of deep sutures introduced about half an inch from the edge of the wound, and passing down to the mucosa but not penetrating it. The object of not going through the mucous membrane is, of course, to avoid the passage of septic material from the uterine cavity to the peritoneal cavity through the suture opening. In tying the deep sutures I shall take care to invert the serous covering of the uterus so as to secure close coaptation. This will also be favored by the second set of stitches, consisting of the Lembert suture superficially applied. In this way we get that perfect union which is essential to success."

It should be stated that in the case related nothing was used for rendering the wound aseptic except hot boiled water, but the vagina had been douched with a one to one thousand solution of corrosive sublimate previous to the operation. Both mother and child were saved.

MEDICAL NEWS AND MISCELLANY.

Prof. Francis Cornelius Donders, the well-known Dutch doctor and eye specialist, is dead.

De. F. E. Stewart has been appointed Demonstrator of Therapeutics in the Jefferson Medical College, Philadelphia.

Dr. E. P. Townsend and Dr. O. B. Gross, of Camden, have been appointed members of the Pension Examining Board.

Dr. Abe Robertson, while fighting the fire in Danville, Va., was surrounded by smoke and flames and burned to death.

Major John W. Williams, Surgeon in the United States Army, died last week at Jackson Barracks, below New Orleans.

Dr. R. H. Day, of Baton Rouge, La., has been elected to the position of instructor in diseases of children in the New Orleans Polyclinic.

Henry C. Gibson, of Philadelphia, has given the University of Pennsylvania two thousand five hundred dollars for the Department of Hygiene.

Sir Morell Mackenzie has gone to the Canary Isles for much-needed rest. His health has suffered serious impairment during the past winter.

The family of the late George L. Harrison, of Philadelphia, has given two hundred thousand dollars to the Protestant Episcopal Hospital of this city to found a ward for incurables.

Thomas G. Morton, M.D., Secretary of the State Board of Insane, Charities, etc., has just returned from a ten days' visit to San Francisco, where he was the recipient of much professional attention.

The Gaulois of Paris states that a noted leader of that city was bitten a short time ago by a pet monkey, which has since died from hydrophobia. The person, the paper announces, is about to be placed under the care of M. Pasteur.

SURGEON PRESTON H. BAILHACHE, of the United States Marine Hospital Service, who has been stationed in this city for the past four years, has been assigned to duty at the United States Marine Hospital, San Francisco, Cal.

TO DO DUTY AT LEAGUE ISLAND.—Dr. Manley Gates, a graduate of the Medico-Chirurgical Hospital of Philadelphia, and lately commissioned as an assistant-surgeon in the navy, has been ordered for duty at the League Island Navy Yard.

DEATH OF DR. THOMAS S. SOZINSKEY.—Dr. Thomas S. Sozinskey died at his home, No. 2210 Fairmount Avenue, Philadelphia, on Friday, April 19th. He graduated from the Medical Department of the University of Pennsylvania in 1874.

THE FIRST PAPER MILL.—In September, 1890, two centuries will have passed since the first paper mill was erected in America at Roxborough, Philadelphia County, and it is proposed that the bi-centennial anniversary of the event be fittingly celebrated.

ORIGINAL RESEARCH.—Henry C. Lea has offered to give the University of Pennsylvania twenty-five thousand dollars to endow a chair for the advancement of original research and teaching in the Department of Hygiene provided the trustees raise a like amount.

FISH POISON IN RUSSIA.—The Russian Government has offered a prize of five thousand roubles for the best essay on the nature of the poison formed in raw salt fish—its mode of action, and the means of preventing its development.—*The Druggists' Circular and Chemical Gazette.*

LANOLIN AND ICHTHYOL IN ERYSIPELAS.—Nussbaum recommends the application of a pomade containing equal parts of lanolin and ichthyol in the treatment of erysipelas. He then covers the part affected with a salicylated wadding, and claims to have obtained cures in two or three days.—*Journal de Médecine.*

THE MONTHLY BULLETIN, a record of sanitary progress, public health, and mortality in Rhode Island, has now reached the end of the first half year under the efficient management of the Secretary of the State Board of Health. The selections are appropriate and doubtless will be the means of doing much good in the community.

CARING FOR THE INSANE.—Dr. T. H. Andrews, of Philadelphia, who has interested himself in trying to dispose rapidly of the insane picked up in the streets by giving them immediate hospital treatment, says he has had eighty cases since March 1st. Prompt medical attention has, in many instances, resulted in great benefit.

HOSPITAL SATURDAY AND SUNDAY.—Both the Christian and the Hebrew hospitals of New York City are benefited by the fund raised on Hospital Saturday and Sunday. A report just printed shows that nearly fifty-two thousand dollars were distributed among these institutions last year by the association that has charge of the fund.

THE MARITIME MEDICAL NEWS is the name of a new medical publication issued bi-monthly at Halifax, N. S. It presents all the indications of a healthy condition, and is marked by more than usual care in the editorial department, and it is to be hoped that both editors and publishers will meet with that success to which their labors entitle them.

DEATH FROM CARBOLIC ACID.—At Milton, Ohio, on October 6th, a three-year-old child secured a bottle of carbolic acid and a teaspoon and began feeding it to the baby brother in the cradle. The screams of the baby attracted the mother, who was outside, and when she reached its side it was gasping for breath and died in a few minutes.

NO YELLOW FEVER IN JACKSONVILLE.—Surgeon-General Hamilton, of the Marine Hospital Service, has received word from Jacksonville, Fla., from Dr. P. R. Daniel, President of the State Board of Health of Florida, stating that the report of yellow fever in Jacksonville was absolutely false, and that the general health of the city is decidedly good.

PEMPHIGUS.—Unna advises a paste made of equal parts of linseed-oil, lime-water, zinc oxide, and chalk. It dries up blebs and prevents their return.

[It may relieve the local irritation, but, inasmuch as pemphigus depends upon a constitutional cause, the paste recommended cannot prevent the return of the blebs.—ED.]

THE wonderful advances in photography, which have been made possible by the dry-plate process, will be clearly and entertainingly treated in the May Scribner, by Professor John Trowbridge, of Harvard, who will illustrate some unique results by photograps taken under most peculiar conditions—as under water, by lamp and candle lights, and by lightning flashes.

EXAMINED FOR RESIDENT PHYSICIANS.—The Examiners at the Philadelphia Hospital who last week conducted a competitive examination for the position of resident physician have presented their report. The examination was open to graduates of all recognized medical schools in any part of the country. There were sixteen vacancies to be filled from a large number of applicants.

MALIGNANT SCARLATINA has been treated very successfully by Dr. A. Sharkorski (Russk. Medits.) with salicylic acid, given hourly. He makes a solution of fifteen grains of salicylic acid in six ounces of hot distilled water and one ounce of syrup of orange. This does not deposit on cooling and is readily taken by children. Dose, one teaspoonful to a tablespoonful every hour.—*Med. Abstract.*

CONGRESS ON MENTAL DISEASE IN ITALY.—The sixth Congress of the Società Freniatrica Italiana will be held at Novara next fall. Differential Diagnosis of Degenerative Conditions; More Certain Means of Recognizing Simulated Insanity; Psychology in Recent Notions of the Anatomy and Physiology of the Brain; Application of "Suggestion" as a Therapeutic Measure in Mental Disease, are among the subjects to be discussed.

TO BE HONORED.—We hear that the Medical Society of Northampton County, in connection with the celebration of the Fortieth Annual Meeting of the Society, propose tendering a complimentary dinner to Dr. Traill Green, of Easton, the founder of the Society, on or about the 21st of May. The honor tendered by the physicians of Northampton County is well deserved by Dr. Green, who is one of the most noble members of our profession.

A NEW MEDICAL CHAIR ESTABLISHED.—A chair of Embryology and Histology has recently been created in the Medical Department of the University of Pennsylvania, increasing the Medical Faculty to fourteen members. It is stated that Dr. H. F. Formad will be elected to the chair at the next meeting of the Faculty. This is the first chair of these sciences instituted in any medical college in this country.

JOURNAL OF LARYNGOLOGY.—It has just been announced that Dr. J. N. Mackenzie, of Baltimore, is the American editor of the Journal of Laryngology, and that he will be assisted in his labors by Dr. Delevan, of New York, and Dr. William Porter, of St. Louis. We are pleased to see that our *confrères* in Europe have selected some of the most able writers and clinicians in our country to edit a journal of such an important specialty as laryngology.

QUEER SPELLING FOR A SAWBONE.—The following letter was received by a physician from a man whom he knew, practicing medicine and desiring counsel: "dear Dock I have a pashunt whos physical sines shows that the wind-pipe has ulcerated off and his lungs have drop down into his stumick i have given hym everry thin without efect her father is welthy honable and influenshal as he is member of assembly and god nose I dont't want to loos hym what shall i do ans by return male. Yours frat."—*Medical Gazette.*

AT the monthly meeting of the Burlington (N. J.) County Medical Society, held April 16th, Drs. Garrett, of Burlington, and Janney, of Cinnaminson, were elected members of the Society. Drs. Young, of Bordentown; Melcher and Parsons, of Mount Holly; Small, of Riverside; Pugh and Price, of Burlington, were elected delegates to the State Medical Society. Dr. Pugh and Dr. Parrish, of Burlington, and Dr. Hollingshead, of Mount Holly, were selected to attend the American Medical Association, which will convene in Newport, R. I.

THE BRITISH MEDICAL JOURNAL gives an account of a most extraordinary accident from which a young lady lost her life. While riding in a railway train she became sick and put her head out of the car-window and was struck by a leather mail-pouch. She was stunned, but quickly recovered from the effects of the blow. After riding some distance she again became sick, put her head out of the window, and was struck by another mail-pouch. She was rendered unconscious, and did not rally, dying some hours later.

MYOSITIS OSSIFICANS.—Dr. Kronecker communicated the following particulars to the Berlin Medical Society at the meeting of March 6, 1889: The patient, a woman aged fifty-six years, had suffered in her childhood from angular curvature of the spine. Two years ago she began to experience pains in the neck and breast. During the last year she has been troubled with increasing dyspnœa. Last November it was observed that several of the muscles of the neck were ossified. The process is advancing slowly.—*Deutsch. Med. Zeitung*, March 21, 1889.

A STORY is told of a colored preacher whose church had become somewhat dilapidated. The minister succeeded at last in persuading the people to decorate the walls, but funds gave out, and they left a large recess behind the pulpit unimproved. The patience of the preacher gave way before this evidence of want of proper respect for the church, and at the close of his sermon one Sunday morning he very solemnly announced: "Brederen, notice is hereby given that the Gospel will not be dispensed wif in dis church any moa until dis abscess behind de pulpit be fricasseed."

A PHYSICIAN'S FEE.—The daily papers say the fact is made public that H. M. Flagler has presented Dr. George Shelton, of this city, with securities of the par value of fifty thousand dollars, market value of about eighty-seven thousand dollars, in consideration of his faithfulness and skill in attending the case of Mr.

Flagler's daughter, Mrs. Benedict, who died on her husband's yacht, off Charleston, a few days ago, after a long illness. This is described as the largest fee, but one, ever paid to a physician.

BABIES' EYES.—Those who visit the parks any sunny afternoon see the baby-carriages, in which the little ones lie with upturned faces, their eyes often exposed to the glaring sunlight. It is proper that warning should be given of the dangers of this habit. There is no doubt that such exposure is apt to be injurious to the eyesight of the babies, and mothers should see to it that proper shades are put at the head of the carriages which the nurses trundle. Give the infants plenty of fresh air, but guard their delicate eyes for service through life.—Philadelphia *Telegraph*.

THE HOWARD HOSPITAL.—The Board of Managers of the Howard Hospital and Infirmary for Incurables of Philadelphia met the early part of this week to receive the thirty-fifth annual report of the institution. The number of new patients registered during the year was 4918. The number of visits of patients to the Hospital was 19,251, necessitating the compounding of 38,422 prescriptions. The receipts for the year were $2775.54, and the expenditures $2569.87. The whole number of persons treated since the foundation of the institution is 211,638. The permanent fund of the Hospital is now $32,766.67.

MORPHINE FIENDS.—The morphine habit has become so prevalent in San Francisco as to give rise to a peculiar slang applying to it and its votaries. The latter are called "morphine fiends," and the process of hypodermic injection is called "taking a shot." Hospital surgeons say that the morphine habit is increasing rapidly, and that most of the victims were initiated in Chinatown. One of these officials estimates that 60 per cent. of the petty offenders sent to the receiving hospitals of the city prison are victims of the morphine habit. Cocaine is so expensive that few acquire the "habit."—*Philadelphia Ledger*.

Two strangers were talking on the cars and one was a portrait painter. After some time the other inquired the painter's business.

"I am an artist," he replied, modestly.

"Ah," said the other, "what do you draw?"

"Faces."

"And I am an artist," continued the other.

"Ah," claimed the painter with a smile of interest, "and pray, may I ask, what do you draw?"

"Teeth," said the other; "I am a dentist."

Then the artist got up and left his seat."—*Washington Critic*.

ANTIPYRIN IN CHOREA.—Dr. Emanuele Sachi reports five cases of chorea treated by antipyrin with the following results: In one case the drug was used during two periods, between which there was an interval of about one month. During the first period twenty-one grammes, and during the second twenty-four grammes were administered without any effect. In a second case, of four years' duration, a brilliant result was obtained in nine days from twenty-three grammes. The remaining cases were cured in from nine to eighteen days. The author concludes that antipyrin is a valuable remedy in chorea.—*Deutsch. Med. Zeitung*, Feb. 7, 1889.

CASE OF CANCER OF THE EYELID.—Dr. R. Schreiber reports a case upon which he had operated. The patient was a man aged sixty-two years. The tumor involved the entire right lower lid and extended to the middle of the cheek. The eye itself was not affected. The growth had begun about five years previously in the form of small, wart-like elevations of the mucous membrane.

Cancer in this situation is rare, of slow development, and always appears first upon the mucous membrane. In an early stage it may be mistaken for an innocent growth. When well developed it can be confounded with nothing except syphilis.—*Deutsch. Med. Zeitung*, February 14, 1889.

VAGINAL HYSTERECTOMY (CONCLUSIONS OF DR. M. ARNAVAL, CHILI).—1. When a woman more than thirty or forty years of age begins to grow weak, to emaciate, has leucorrhœa, and an erosion of the vaginal portion of the cervix, bleeding readily, and rebellious to therapeutic measures (it is unimportant if there do not exist any other symptoms), the presence of carcinoma ought to be thought of and a microscopic examination made of a small part of the eroded tissues.

2. Before performing vaginal hysterectomy it is necessary to assure oneself of the complete mobility of the uterus, an indispensable condition, without which the operation becomes immensely difficult.

3. It is not always easy to tie and excise the appendages of the uterus *in situ*, but as often as possible this incision ought to be preferred to that which is made after retroflexion of the uterus. —*Annales Médico-Chirurgicales*.

A NEW USE OF THE PHONOGRAPH.—There is one possible phase of the phonograph which suggests the desirability of calling a halt to invention. The instrument has been used to take the sound of the heart's beating, and it has been suggested that people who can afford it can keep a phonograph with which they can from time to time record the action of their heart, which they can listen to, or have their physician listen to at leisure. Heaven spare the world any

such application of the invention! We are sufficiently conscious of our ills already. Hundreds of people go around imagining that they have a "heart trouble," when, if they would only let their hearts alone they would be perfectly well. —*Exchange.*

A New Hypnotic.—An Italian doctor, rejoicing in the euphonious and appropriate name of "Poppi," has been singing the praises of a new hypnotic, called uralium, a compound of chloral and urethane. As is usual in such cases, the new sleep-producer is claimed to possess all the advantages and none of the disadvantages of other hypnotics, and to produce the desired effect when others have failed. No one can say that there is no room for a drug which shall, even partially, justify the claims put forward on its behalf; but, apart from the fact that none such has as yet been discovered, it is doubtful *à priori* whether it is possible to induce artificial sleep without some strain on the delicate nervo-vascular mechanism which presides over this condition.—*Hospital Gazette*, London.

An Abdominal Tumor.—Dr. Dolan, who presided at the last meeting of the British Gynæcological Society, amused the members in the course of an interesting debate on fibroid tumors of the uterus by relating a case which occurred in the country some time ago. A young woman having a rapidly growing abdominal tumor, which sorely puzzled the family doctor, a well-known specialist from London was sent for. Arrived on the scene, he diagnosed fibroid tumor and proposed operating, consent to which was readily given. Being somewhat fatigued with the journey he decided to postpone the operation until the following morning. Unfortunately, the girl was taken ill during the night, and when the surgeons assembled in the morning they were informed that their services were not needed, as the young lady had given birth to a fine baby, and the tumor had disappeared.

A Surgical Feat.—A really remarkable case of successful surgery was shown at the Medical Society. The patient was a man who had been operated on several times for a sarcomatous growth of the upper jaw. On the last occasion it involved the right eye and the floor of the orbit, which were accordingly removed by Mr. Henry Morris, leaving a yawning chasm which was appalling, even to persons inured to the horrors of the operating theatre. The cavity was bounded above by the roof of the orbit, and on the outer side by the outer wall of the orbit and the descending ramus of the lower jaw. Through it one could peer into the pharynx and see the tongue uncovered by the hard palate. The Eustachian tube was also visible. The deformity is marked under ordinary circumstances by a skillfully manufactured obturator, comprising an artificial eye, cheek, and hard palate.—*The Hospital Gazette*, London.

Michigan State Medical Society.—The Twenty-fourth Annual Meeting of the Michigan State Medical Society will be held in Kalamazoo, Thursday and Friday, May 9th and 10th.

In addition to the annual address of the President, others are promised from the orators of sections, as follows:—

Practice of Medicine—Henry F. Lyster, M.D., Detroit. Subject: "The Influence of Mind in the Cure of Disease."

Surgery—Herman Keifer, M.D., Detroit. Subject: Surgery within the Last Fifty Years."

Obstetrics and Gynæcology—E. W. Jenks, M.D., Detroit. Subject: "The Education of Girls from a Medical Stand-Point."

S. S. French, M.D., President,
Geo. Duffield, M.D., Sec'y, Battle Creek.
25 Washington Avenue, Detroit.

The Doctor's Time.—"Doctor, just an instant, please," exclaimed a caller at the office of a man of physic as he caught sight of the physician disappearing in his private office. "I'll see you shortly, sir," was the curt reply. "But a second is all I want," persisted the caller. "Ill see you directly, sir," with sternness. The visitor took a seat in the general reception room, read the afternoon paper through, looked at the pictures, played with a dog and took a nap. After thirty minutes or more had passed the medicine man came out of his den, and, with an air of condescension, said to his visitor, "Well, now, my man. I am at your service. Your turn has come; what can I do for you?" "Oh, nothing in particular," was the reply, "I just dropped in to tell you that your neighbor's three cows have escaped from the barn and are having a picnic in your garden and back-yard flower-beds."—*Buffalo Express.*

The Treatment of Leucorrhœa.—In the Vierteljahrsch für Dermatologie und Syphilis Dr. Schwartz recommends the packing of the vagina with boracic acid in powder, followed by a tampon, in cases of leucorrhœa that have withstood the ordinary methods of treatment. The vagina is to be first cleansed and dried by sponge or cotton; a considerable quantity of boracic acid is then to be inserted on and around the os and cervix uteri, after which a suitable tampon is placed in position. The application may be renewed every three, four, or even seven days. Two or three applications will frequently suffice to remove all discharge and to cure erosions of the os uteri. As boracic acid is a "sedative salt," its employment in this manner is rather soothing than otherwise, and absolutely harmless. As a detail, the Fergusson speculum is the most convenient form of instrument to use in making the

application. I can, from extended experience, confirm all that Dr. Schwartz says in its favor.—*Medical Press and Circular.*

Tea Cigarette Dissipation.—The ingenuity of the women of London and Paris in inventing new dissipations is without limit. To the morphine habit the devotees of sensationalism have now added the practice of smoking tea cigarettes. Special grades of the finest tea are used, and the effect of the cigarettes is said to be delightful for fully an hour after one has been smoked. After that comes a reaction in the form of nervous trembling and excitability, which is best subdued, according to a woman of title who rather goes in for all these things, by a thimbleful of frozen absinthe. Thus, by industriously ringing the changes on morphine, tea cigarettes and absinthe, with a few intrigues, some scandal and a raft of white-hot French novels, the woman of society manages to worry through the day. I wonder if the American girl's great success abroad is not due to her naturalness and health? There is a lack of ruddy cheeks in London now. Riding-schools are empty, and the people who run gymnasiums, where women formerly fenced and exercised, assert the craze is now over. Perhaps it has gone to America. At all events, there is no such disease as morphinemania there, though it is a recognized and widely-prevalent ailment here.—*New York Sun.*

Local Asphyxia.—Dr. R. von Hösslin, of Neuwittelsbach, reports the following case: A woman, aged thirty-three years, addicted to the use of morphine and chloral, became a patient at the author's Sanitarium. During the course of treatment she became subject to disturbances of circulation, irregularity and rapidity of pulse, angina pectoris, palpitation of the heart, and, finally, redness and œdema of the face, accompanied by elevation of temperature. These manifestations disappeared, but fourteen days later she was attacked by cyanosis, beginning at the finger-tips. The first attacks came at irregular intervals, but afterward they recurred regularly every morning, increasing also in intensity, duration, and extent of surface involved. At first the fingers were cool, white, and slightly flexed; strong extension gave rise to pain. After ten or fifteen minutes they rather abruptly assumed a blue-gray, or even blackish hue. After several weeks' duration the invasion extended as far as the wrist, the fingers became powerless, crooked, and painful, and, when pricked with a needle, scarcely a drop of blood flowed. The duration of an attack was about three hours. The temperature of the affected part was very low during the seizure.

The phenomena were caused by chronic morphine and chloral intoxication. The most efficacious treatment consisted of hot-air baths and injections of pilocarpine. Electrical treatment was found useless.—*Deutsch. Med. Zeitung*, February 7, 1889.

Chinese Physicians and Dentists.—Frank G. Carpenter writes as follows to one of the daily papers:—

The Chinese themselves do not believe in dissection, and there is no body-snatching here. They believe that the heart is the seat of thought, that the soul exists in the liver, and that the gall-bladder is the seat of courage. For this reason the gall-bladders of tigers are eaten by soldiers to inspire them with courage. The Chinese doctor ranks no higher than the ordinary skilled workman. He gets from fifteen to twenty cents a visit, and he often takes patients on condition that he will cure them within a certain time or no pay. He never sees his female patients except behind a screen, and he does not pay a second visit unless he is invited. His pay is called "golden thanks," and the orthodox way of sending it to him is wrapped in red paper.

The dentists look upon pulled teeth as trophies, and they go about with necklaces of decayed teeth about their necks, or with them strung upon strings and tied to sticks. Toothache is supposed to come from a worm in the tooth, and there are a set of female doctors who make a business of extracting these worms. When the nerve is exposed they take this out and call it the worm, and when not they use a sleight of hand by which they make their patients believe certain worms, which they show them, came from their teeth. I have heard persons tell of Chinamen who claimed to have had ten worms taken from their mouths in a single day, and I saw a woman actually at work upon a patient in the street here.

Poisoning by Chlorodyne.—The London Lancet gives the following account of poisoning by chlorodyne: A case of suicide which was recently the subject of inquiry at South Shields merits note from the remarks concerning the sale of chlorodyne made by the doctor who gave evidence at the inquest. He drew the attention of the jury to the fact that the bottle in which it had been sold did not bear a label marked "Poison," though there was a government stamp upon the bottle. The coroner also remarked that the law as to the sale of poisons wanted thorough revising, since, as shown in the case then under investigation, a person could purchase chlorodyne without even a question being asked. It was stated that the bottle would contain one ounce, which, according to the British Pharmacopœia formula for chlorodyne, would represent a grain of morphine, thirty minims of dilute hydrocyanic acid, a drachm of chloroform, and fifteen minims of ether, besides other, but harmless, ingredients.

It is certainly an anomaly that there should be no check upon the sale of such a compound. In other respects the case followed the usual course. A young man of twenty-five had three weeks before been in very low spirits and complaining of having nothing to do with his time; he had not been troubled by sleeplessness, hence the reason for purchasing chlorodyne was sufficiently obvious after the event.

OLEATE OF MERCURY.—A. P. Brown, Ph.G., gives the following process of manufacturing the oleate of mercury in the *American Journal of Pharmacy*, April, 1889: "Take of white castile soap, in fine powder, eight ounces; bichloride of mercury, in fine powder, three ounces and three drachms. Mix them carefully together in a mortar and add distilled water sufficient to form a pasty mass; throw this immediately into boiling water, and boil carefully until a yellow, oily liquid is formed; allow to cool, pour off the water, and wash the resulting oleate with distilled water until tasteless; place it in an evaporating dish and on a water-bath heat until all the water is driven off. By following this process, an oleate of mercury will be obtained resembling very much recently prepared citrine ointment. This can be diluted with lard or lanolin to any desired strength. In a paper by Dr. Shoemaker these oleates are recommended to be used in skin diseases; and in speaking of oleate of mercury, he calls it a pure oleate of mercury, and recommended it to be diluted when used; for instance, to make a 25 per cent. ointment, it was to be diluted to one-fourth; or for a 20 per cent. ointment, to be diluted to one-fifth. He recommended lard as the best diluent, vaselin or cosmolin being not so readily absorbed as lard. In my experience, I have found lanolin to be the best diluent, as it is more readily absorbed than any of the above."

[Dr. Shoemaker has likewise shown the valuable absorptive qualities of lanolin used as a basis for ointments. See "A Practical Treatise on Diseases of the Skin," page 72. New York: D. Appleton & Co., 1888.—EDITOR.]

ECZEMA OF THE NAILS.—Dr. de la Harpe, privatdocent in the University of Geneva, mentions in the Revue Médicale de la Suisse Romande a somewhat rare case of eczema of the nails which came under his notice while he was acting as medical officer at the well-known baths of Louèche, or Leuk. The patient was a man of sixty, who had been sent to Louèche by Professor Hardy. There was no history of gout or other hereditary disease, and up to two years previously the nails had been in excellent condition. The first sign of anything wrong that was noticed was a slight redness about the ungual furrow of the right hand, which was at first supposed to be panaris, but instead of going on to suppuration it was followed by morbid changes in the nail itself, which soon became thickened and friable, with a roughened surface. The nails of the other fingers on both hands subsequently became affected, as shown in figures appended to the paper. When seen by Dr. de la Harpe, the affected nails were swollen, bent transversely, and marked with longitudinal striæ or grooves. Two apparently healthy nails showed fine depressed points. Regarding the cause of these appearances, which are the first signs of the commencement of the affection in otherwise normal nails, Dr. de la Harpe remarks that he has seen a case of chronic eczema of the hand in which there were a number of longitudinal grooves on the nails, some of them interrupted; that is to say, in section. The punctate marks on the nails in the case in question may possibly be analogous to the interruptions noticed in this latter case. As to the treatment by means of the Louèche waters, it appears to have effected marked improvement.—*London Lancet.*

THE TREATMENT OF SCARLATINA AND ITS COMPLICATIONS.—Dr. J. R. Barnett, Neenah, Wis., relates the following treatment for scarlatina and its complications:—

"Belladonna meets the first of these indications quite as well as any single remedy that I know of. It stimulates vasomotor and cardiac innervation, and so at once shields in some degree cutaneous mucous and serous structures upon which the brunt of the attack falls, and supports the weakening action of the heart. The condition of the pulse affords the main index to the size and frequency of the dose. A drop of the tincture every hour will serve for a child of a year or two. The second indication is met by frequent cool sponging of the surface, and, if necessary, by one of the active antipyretics. Of these I have only used the salicylates, preferring that of ammonium as being the least depressing.

"But we must be alive to the possible effect upon the heart and kidneys, both of which organs may be already sore pressed and unable to bear any added burden. A grain of either salicylate for each year of the patient's age, every two or three hours, may be guardedly used, accompanied by a stimulant when necessary.

"The borated or salicylated spray should be directed against the throat inflammation, both for its relief and to prevent septic consequences. Should cellulitis or adenitis appear, the application of the ice-bladder to the neck will likely avert that dense infiltration which, once present, is all too irresponsive to even the most active measures.

"As a general measure the inunction of fat or glycerin, upon which much stress is sometimes laid, should, I think, be regarded as mainly in the interest of those liable to infection, and for this reason the oil should be carbolized, and the inunction continued throughout the period of desquamation."—*Medical Standard.*

INDICATIONS FOR ADONIDIN.—Adonidin is a glucoside obtained from *adonis vernalis*, and has been before the profession for some time as a cardiac tonic. First brought to the notice of medical men by a paper from Professor Da Costa, it has gradually found a place in the relief of heart troubles, which makes it an important addition to our materia medica. Its action is said to be exerted especially upon the heart, and so far its action upon the blood-vessels has been scarcely perceptible. Its diuretic action is comparatively slight, but it seems to occupy a position in properly selected cardiac affections which is not taken by either digitalis, strophanthus, or convallaria, and any information regarding its clinical application is therefore particularly welcome. The dose of this glucoside ranges from one-sixth to one-tenth grain, but, from the fact that the larger dose at times causes more or less headache, the smaller dose will doubtless prove more suitable for the general class of cases. If the drug is well tolerated, and good effects follow its administration, the frequency of the dose may be readily increased.

In the course of a communication to a late issue of the Lancet upon adonidin in the treatment of heart-disease, Dr. Thomas Oliver gives a history of six cases in which this remedy was used with marked success, and, according to his observations, the value of the drug depends largely upon the character of the lesion. Where it is desired to bring only the heart under the influence of the medicament, as in the case of mitral and aortic regurgitation, adonidin is, *par excellence*, the remedy. The cases referred to were all of this character, and, in addition, some of them had been sufferers from rheumatism, but in all there was decided and prompt improvement following the exhibition of the drug. No decided diuretic action was noticeable, although in nearly all of the cases the aggregate amount of urine passed within the twenty-four hours was materially increased over that which existed previous to its use. Dr. Oliver believes adonidin has a sedative action upon the heart similar to that of belladonna.

STATISTICS OF DREAMS AND SLEEP.—Fr. Heerwagen, of Dorpat (Wundt's Phil. Stud.), sent a list of questions to four hundred and six persons, of whom one hundred and thirteen were men, one hundred and forty-two women, and one hundred and fifty-one students. The answers received were, in general, clear and precise. From them the following results may be selected: The vividness of dreams increases with their frequency. They are more vivid in women than in men; more vivid in students than in other men. The more frequent the dreams the lighter, as a rule, is the sleep. Those who are habitually light sleepers and dream frequently remember their dreams much better than those who are deep sleepers and dream but seldom. Of women, 73 per cent. have nightly and frequent dreams; of students, 50 per cent.; of other men, 48 per cent. Of women, 63 per cent. are light sleepers; of students, 42 per cent.; of other men, 44 per cent. The frequency of dreaming is least among children, increases rapidly, and reaches a maximum between the twentieth and twenty-fifth year of age and then declines. Sleep is deepest in children and becomes lighter as age advances. In men frequent dreaming and deep sleep seem to have no influence upon the duration of the sleep. But among women, those who dream frequently sleep nearly an hour longer than those who seldom dream, and light sleepers about half an hour less than deep sleepers. The need of sleep is greater among women than among men. Those who seldom dream and sleep soundly feel more refreshed in the morning than those who sleep lightly and dream often. Most neurotic people belong to the last group; those of phlegmatic temperament to the first. Among eighteen described as excessively nervous, there was only one who seldom dreamed, and only two who slept soundly. Thus, a close relation exists between light sleep and frequency of dreaming. The author adds that deep sleepers manifest the least sensibility either to external or internal impressions.—*Deutsch. Med. Zeitung*, March 18, 1889.

INTUBATION OF THE LARYNX IN DIPHTHERITIC LARYNGITIS.—Dr. L. L. Palmer, of Toronto, Canada, in a communication on the above topic in the Canadian Practitioner, says the sources of danger which I have heard ascribed to intubation are:—

1. Apnœa and laceration of tissue by prolonged efforts at introduction.

2. Forcing down the tube in efforts at removal and injury to the parts. (All of which, I say, should never happen in the hands of an expert.)

3. Interference with deglutition and nourishment. (This may be overcome with jellied foods, soft eggs, custards, etc., or stomach-tube.)

4. Occlusion of the tube and trachea by pushing down the membrane before it. (Four times I have had this occur, but by immediately withdrawing the tube the false membrane followed it; and once an entire cast of trachea and bronchi

and quiet breathing resulted. I have, therefore, no reason to fear such a complication.)

5. Ulceration of trachea by pressure of the tube, and consequent sepsis or necrosis. (Such a result must be very rare, and may be avoided with due care. One of my cases that recovered wore the tube ten days without any such complication.)

6. Inflammation of lungs from passage of food into the respiratory tract. This may be avoided by using food in semi-solid form, as suggested above.)

7. Coughing up the tube and swallowing it. (The only objection to this is the loss of the tube temporarily, and it only costs about three dollars.)

The sources of danger of tracheotomy are:—

1. Hemorrhage. (Which an adynamic disease is intolerant of.)

2. Erysipelas. (Which I have seen in one case.)

3. Gangrene.

4. Necrosis of cartilage.

5. Sepsis through the wounds.

6. Ulceration of trachea and sepsis therefrom.

7. Plugging of desiccated mucus about the lower inner end of the outer cannula, and suddenly asphyxia and death.

All of these are grave conditions, possible, and liable to occur at any time, and quite beyond the control of the surgeon in charge.

Their gravity, the frequency of their occurrence, and the dread the friends of a patient always have of a cutting operation, compared with the sources of danger in intubation, so few and insignificant, with results not inferior, lead me, with our present experience, to advise intubation in diphtheritic croup as generally preferable to tracheotomy.

SEVENTH DECENNIAL CONVENTION FOR REVISING THE "PHARMACOPŒIA" OF THE UNITED STATES.—Notice is hereby given that in accordance with and by virtue of the authority vested in me by the Convention of 1880, I hereby call upon the several incorporated medical societies, incorporated medical colleges, incorporated colleges of pharmacy, and incorporated pharmaceutical societies throughout the United States of America, the American Medical Association, and the American Pharmaceutical Association to elect a number of delegates, not exceeding three, and upon the Surgeon-General of the Army, Surgeon-General of the Navy, and Surgeon-General of the Marine Hospital Service, to appoint, each, not exceeding three medical officers, to attend a general convention for the revision and publication of the "Pharmacopœia" of the United States of America, to assemble in the City of Washington, D.C., on the first Wednesday of May, 1890 (May 7th), at 12 o'clock, noon.

The several bodies, as well as the medical departments of the Army, Navy, and Marine Hospital Service, are hereby requested to submit the "Pharmacopœia" to a careful revision, and to transmit the result of their labors to the Committee of Revision at least three months before the meeting of the General Convention.

The several medical and pharmaceutical bodies are hereby requested to transmit to me, as the President of the Convention of 1880, the names and residences of their respective delegates as soon as they shall have been appointed; a list of these delegates shall thereupon be published under my authority for the information of the medical public, in the newspapers and medical journals in the month of March, 1890.

In the event of the death, resignation, or inability of the President of the Convention of 1880 to act, these duties (in accordance with the resolution of that Convention) shall devolve, successively, in the following order of precedence: upon the Vice-Presidents, the Secretary, the Assistant Secretary, and the Chairman of the Committee of Revision and Publication of the "Pharmacopœia."

These officers are as follow: First Vice-President, Samuel C. Busey, M.D., of Washington, D. C.; Second Vice-President, P. W. Bedford, Ph.G., of New York; Secretary, Frederick A. Castle, M.D., of New York; Assistant Secretary, C. H. A. Kleinschmidt, M.D., of Washington, D. C.; Chairman of Committee of Revision, Charles Rice, Ph.D., of New York; First Vice-Chairman of the Committee of Revision, Joseph P. Remington, Ph.M., of Philadelphia, Pa.; Second Vice-Chairman of the Committee of Revision, C. Lewis Diehl, Ph.G., of Louisville, Ky.

At the General Convention, held in Washington, D. C., on May 5, 1880, the organizations and bodies enumerated in the abstract of the proceedings of the National Convention of 1880, on pp. xv to xviii of the United States "Pharmacopœia" of 1882—a list of which will be found appended to this call—were recognized as being entitled to representation.

If any body other than those admitted in 1880 shall desire a representation in the Convention of 1890, it is suggested that the proof of incorporation, signed by the Secretary of State of the State which shall have issued the charter, or by properly qualified public officials of the United States, be presented with the credentials of the delegation.

A blank form of certificate of appointment of delegates will be sent upon application by letter to my address, care of Dr. Edwin H. Brigham, Assistant Librarian of the Boston Medical Library, 19 Boylston Place, Boston, Mass.

ROBERT AMORY,
President of the Convention of 1880.

BOSTON, March 9, 1889.

MEDICAL EXAMINATIONS.—The following appeal in behalf of higher medical education in Pennsylvania has just been made:—

It would seem that the present position of the discussion over the Medical Examiners' bill, which has unavoidably been conducted chiefly in the newspapers, calls for a word of comment in the medical press. Doubtless the arguments which led to the decision that such a bill should be introduced were cogent and convincing. Probably a large proportion of the profession approved of the general principle which underlies all such bills, but were not acquainted with the details of this particular measure. It has, however, been subjected to critical examination during the active discussion which has sprung up over it, and the impression seems well founded that, with a slight amendment, which would make more conspicuous the good faith and intent of the bill, it was as good as any such bill could be for its purpose. This purpose was, of course, the elevation of the standard of medical education and the improvement of the grade of medical practitioners in this State.

The notion of securing these important gains by legislative enactment is so familiar to the public and to the profession in other countries that it might well seem strange that the evils of unlimited free trade in the production of physicians should so long have been tolerated in the United States. The improvement effected by the competition of excessively numerous schools of all kinds and grades may never be general or adequate. It is, indeed, doubtful whether the original Examiner's bill would have been sufficient. Examinations do not educate, and there are ways of cramming for them which prevent them from being adequate tests of education. Of course, they are far better than nothing. But it is the contention of the vast majority of the community and of physicians that the amendment incorporated in the bill would reduce the value of these provisions to a serious degree. A manly protest against these amendments was made without effect. It was made by a group of individuals who represented no medical school officially, but who personally represented all of the regular medical schools in Philadelphia. When, however, it became evident that the bill would either be defeated on final reading in the House, or would go to the Senate in an unsatisfactory shape, it was resolved by a number of these individuals after prolonged conference to urge an additional amendment in the Senate, which would again render the bill a sure means of elevating the profession and protecting the public.

It may seem even presumptuous to start an agitation which aims at nothing less than the establishment of compulsory four-year teaching on the part of all medical schools in this State, and of all which educate students intending to practice in this State.

But those who are in closest touch with the profession feel most strongly the rapidly growing feeling in favor of prolonged and thoroughly practical instruction. Experience in actually conducting a three years' graded course in a large city, such as Pittsburgh or Philadelphia, will convince any one, it is believed, that the student is as inevitably overtaxed in the effort to acquire a real education in three years as he formerly was in the effort to secure superficial instruction in two years. As soon as you enter on the task of providing for each student full laboratory and hospital work in medicine, surgery, obstetrics, and the leading specialties, it is manifest that the requisite number of hours cannot be had in a three years' roster, save by overburdening the student, so that it is impossible for him to assimilate the wealth of instruction provided. Only too often his health also suffers in the strain. Now that medical teaching is coming to be regarded from the highest stand-point, and when new and important branches, as medical jurisprudence and hygiene, demand full recognition, it is inevitable that four years' study—the lowest term allowed by any European country—must soon become the rule here also. Certainly scholarships must be founded in the interests of deserving students without sufficient means to meet the heavier expense of prolonged study. But the moment that such a course of study becomes obligatory there will be munificent provisions for such scholarships in medicine, just as is seen in other branches of study. The overcrowding of the profession would be lessened, and the students would find such an education a practical guarantee of subsequent success.

Certainly the profits of the professors in medical schools would be reduced when this reform is effected, for, although the total of fees might be larger, the heavy working expenses would cut down the net profit. But it may be hoped that the direct and indirect advantages of such positions would still attract to the practical chairs the strongest men, while the claims of the non-practical chairs for endowment would soon be answered by our communities, which are showing themselves so ready to supply the actual needs of sound education.

It is believed, then, by those who advocate this amendment, that it would be easy to so fix the date when the full provisions of the bill should become effective as to avoid any interference with vested interests; that there is not a medical school in this State which could not establish such a four-year course with success under the operation of the proposed law; and that the true interests of the public and of the profession would be promoted by its enactment.

It is in this spirit the amendment will be proposed. It is hoped the profession throughout the State will support it.

Yours respectfully,

WILLIAM PEPPER,
D. HAYES AGNEW,
J. WILLIAM WHITE,
H. C. WOOD,
W. W. KEEN,
CHARLES K. MILLS,
THOMAS B. REED,
JOHN B. ROBERTS,
THOMAS J. MAYS,
PETER D. KEYSER,
JAMES TYSON,
LAWRENCE F. FLICK.

PHILADELPHIA, April 3, 1889.

THE MEDICO-CHIRURGICAL COLLEGE.—The Alumni Association of the Medico-Chirurgical College of Philadelphia on Wednesday evening held its eighth annual meeting in the large lecture-room of the new college building. Vice-President Sudduth, in the absence of the President, occupied the chair, but afterward, upon the arrival of the President, Prof. W. H. Pancoast, withdrew.

The Nominating Committee, consisting of Drs. Stubbs, Boenning, and Starkey, reported the following names for officers of the Association for the coming year: President, Prof. W. H. Pancoast; Vice-Presidents, Manley F. Gates, M.D. ('88), Wm. S. Stewart, Jr., M.D. ('87), Geo. A. Wiggins, M.D. ('86), W. X. Sudduth, M.D. ('85), Albert Kolb, M.D. ('84), Henry Fisher, M.D. ('83), P. Apple, M.D. ('82), and H. A. Starkey, M.D. ('89); Secretary, John S. Stewart, M.D.; Treasurer, George E. Stubbs, M.D.; Executive Committee, John V. Shoemaker, M.D., Chairman, and the same as last year with the following additions: E. B. Sangree, M.D., J. W. Croskey, M.D., J. T. Vissel, M.D., and J. W. Walling, M.D.

The report of Dr. Shoemaker, Chairman of the Executive Committee, announced that they had secured as the annual orator Prof. Thaddeus A. Reamy, of Cincinnati, and dwelt at some length on the invaluable services that the Alumni had afforded to the College during the year.

Dr. Sudduth spoke at some length upon the advisability of creating an Alumni professorship in connection with the institution. After discussion the subject was referred to a special committee composed of the following: Drs. Sudduth, Croskey, Mettler, Boenning, and Fisher.

The following resolution was unanimously passed:—

Resolved, That this Alumni Association express its approval of the establishment of a State Board of Medical Examiners, provided that an applicant for examination before such a Board of Medical Examiners shall hold a diploma from a medical college or university requiring not less than a three years' graded course, and that it heartily recommend that the term be increased from a three to a four years' graded course.

After which the Alumni adjourned.

The annual banquet, in the banqueting hall of the new building, was held in the evening in honor of Professor Reamy.

The following were present: Prof. W. H. Pancoast, Drs. John V. Shoemaker, Wm. F. Waugh, Wm. S. Stewart, H. E. Goodman, P. D. Keyser, H. I. Dorr, A. Gerhard, T. C. Stellwagen, E. E. Montgomery, Wm. B. Atkinson, Geo. Stubbs, J. W. West, Robert S. Wharton, Chas. M. Phillips, M. P. Dickinson, W. G. Porter, John Aulde, V. G. I. Rehan, P. S. Donnellan, E. L. B. Godfrey, J. Russell, J. Eckfeldt, Ch. Ander, M. F. Lorman, A. K. Minich, Wm. Warder, A. J. Maher, E. S. Gans, Max Stern, Isaac Barton, Henry Boenning, S. H. Guilford, Hon. R. J. C. Walker, Drs. J. M. Anders, J. J. Taylor, R. H. Matheson, A. E. Roussel, W. J. Holby, Col. John Nickolson, Mr. Henry Budd, Prof. Thaddeus A. Reamey, Rev. Bryon A. Woods, Mr. C. W. McKeehan, Mr. Geo. Wharton McMullin, Mr. Frank Siddall, Mr. T. H. Poole, of N. F., Mr. McKean, Drs. C. H. Gubbins, Fulton, C. R. Earley, W. X. Sudduth, M. H. Cryer, F. F. Bland, Frank Fisher, L. H. Mettler, Henry Fisher, Wm. Stewart, E. Grewer, T. Ridgway Barker, E. L. Vansant, F. P. Scott, Fitzpatrick, Mark L. Nardyz, Grady, T. C. Bruce, F. B. Cassady, S. W. Clark, J. W. Croskey, J. W. Frankhauser, G. W. Grube, J. M. Grube, J. H. Hammond, C. J. Hewitt, E. E. Horn S. G. Hertz, F. C. Hertzog, C. W. Hughes, A. A. Jones, J. A. Krug, D. W. Levy, W. N. Miller, G. D. Murray, J. A. Reyburn, H. Robinson, E. B. Sangree, F. A. Schock, A. L. Sherman, M. T. Smith, H. A. Starkey, J. H. Thacker, Julius T. Vissel, W. W. Walker, W. H. Walling, A. T. Zeller.

At the commencement exercises, on Thursday, April 4th, at noon, in the Chestnut Street Opera House, the degree of Fellow of the Medico-Chirurgical College was conferred upon Dr. Thaddeus A. Reamy, Professor of Gynæcology in the Ohio Medical College. The following received the degree of Doctor of Medicine: Irvin C. Breece, Pennsylvania; John B. Cassady, New York; S. Woodruff Clark, Rhode Island; John Welsh Croskey, Pennsylvania; John W. Frankhauser, Pennsylvania; George William Grube, Pennsylvania; Joseph Miles Grube, Pennsylvania; John H. Hammond, Delaware; C. Frank Hertzog, Pennsylvania;

Silas Hertz, Pennsylvania; Charles Ellsworth Hewitt, Pennsylvania; Elmer Ellsworth Horn, Pennsylvania; Charles Wellington Hughes, M.D., Ohio; A. Arthur Jones, Indiana; J. Adam Krug, Pennsylvania; David W. Levy, Pennsylvania; Willis Upton Miller, Pennsylvania; Gilbert Murray, Canada; John A. Reyburn, Pennsylvania; Harvey Robinson, North Carolina; Ernest Brewster Sangree, Pennsylvania; Frederick Albert Schock, Pennsylvania; Abram L. Sherman, New York; Monroe T. Smith, Pennsylvania; Herbert A. Starkey, Pennsylvania; Joseph Henry Thacker, North Carolina; Julius Trester Vissel, Pennsylvania; Wm. H. Walling, Pennsylvania; W. Weightman Walker, C. E., Pennsylvania; Albert T. Zeller, Ph.G., New York.

The prizes were awarded as follows:—

The Faculty Gold Medal for the best average on final examination, Ernest Brewster Sangree, of Pennsylvania. With honorable mention of J. Adam Krug, Pennsylvania; John B. Cassady, New York; Julius T. Vissel, Pennsylvania; S. Woodruff Clark, Rhode Island; Albert T. Zeller, New York; John W. Croskey, Pennsylvania; Gilbert D. Murray, Canada; J. H. Thacker, North Carolina; H. A. Starkey, Pennsylvania; John A. Reyburn, Pennsylvania.

The Faculty Gold Medal for thesis showing labor and originality to John W. Croskey, Pennsylvania. With honorable mention of E. B. Sangree, Pennsylvania.

Prizes for best examination on surgery to John W. Croskey, Pennsylvania. With honorable mention of John B. Cassady, New Jersey; S. Woodruff Clark, Rhode Island; J. Adam Krug, Pennsylvania; Gilbert Murray, Canada; John A. Reyburn, Pennsylvania; E. B. Sangree, Pennsylvania; Herbert A. Starkey, Pennsylvania; Joseph H. Thacker, North Carolina; Julius T. Vissel, Pennsylvania; Albert T. Zeller, New York.

Prize, Bag of Gynæcological Instruments, for best examination in gynæcology to Julius T. Vissel, Pennsylvania. With honorable mention of E. B. Sangree, Pennsylvania; J. A. Reyburn, Pennsylvania.

Gold Star Medal for best examination in anatomy to E. B. Sangree, Pennsylvania. With honorable mention of S. W. Clark, Rhode Island; J. H. Hammond, Delaware; F. C. Hertzog, Pennsylvania; C. E. Hewitt, Pennsylvania; J. A. Krug, Pennsylvania; W. U. Miller, Pennsylvania; G. D. Murray, Canada; J. H. Thacker, North Carolina; J. T. Vissel, Pennsylvania; A. T. Zeller, New York.

Special prizes offered by Dr. Spencer Morris, for the best examinations on differential diagnosis and hygiene, were awarded as follows: First prize of fifty dollars ($50) to J. Adam Krug, Pennsylvania; second prize of thirty dollars ($30) to Julius T. Vissel, Pennsylvania; third prize of twenty dollars ($20) to S. W. Clark, Rhode Island.

Prize Gold Medal, offered by Dr. Henry C. Boenning, for best examination on practical anatomy, to Julius Trester Vissel, Pennsylvania.

The Valedictory Address was delivered by Prof. James Garretson.

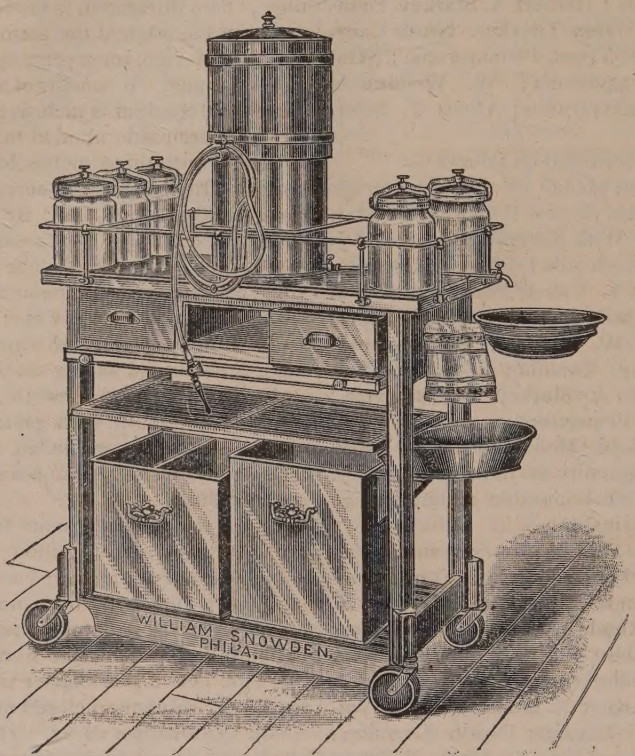
NEW INVENTIONS.—The "Ward Dressing Carriage," here illustrated, is made upon the general model of the original one introduced first by Dr. Thos. G. Morton, some years ago, in the Pennsylvania Hospital. It consists of a frame-work, forty inches high (height is inclusive of glass slab and castors, hereinafter alluded to) by twenty inches wide and forty-three inches long—at top. The body of frame-work measures thirty-eight and three-fourths inches long by seventeen inches wide, supported by four solid rubber castors, four inches in diameter. The frame-work is divided by a stationary slatted shelf, four and three-fourths inches from the floor; a second slatted shelf (sliding), twenty and a quarter inches above first; a third solid sliding shelf, five and a half inches above second; and the top is covered by a slab of one-fourth inch plate glass. The top of frame-work is surrounded by a three-eighths inch brass-rod railing, supported by ten brass-rod uprights.

On the top of carriage are five one-gallon jars for dressings; a five-gallon copper tank (for either distilled or carbolized water), with projecting faucet, supported by a brass plate, for supplying an agate ironware basin, which is supported in brass-rod frame-work at one end of carriage. On top of copper tank is a stone tank for $HgCl_2$ solution, inclosed in a wooden jacket, which has a copper cover. The stone jar is supplied with a hard-rubber faucet and ten and a half feet of heavy rubber tubing, with Esmarch's hard-rubber stopcock, for irrigating.

Between the top of carriage and third shelf are two drawers of full width of frame-work; between these drawers is an open compartment, extending entirely through carriage; on the lower shelf are two copper receivers—one fifteen and a quarter inches long by fourteen and three-fourths inches wide by fourteen and a half inches deep, with a partition nine inches from side; the other, fourteen and three-fourths inches long by eleven and a half inches wide by seventeen and a quarter inches deep, with a spout at one end, in which rests a spouted basin, the dimensions of which are—top, thirteen and a quarter inches in diameter; bottom, eight and a quarter inches in diameter; length from edge to end of spout, sixteen inches. Both receivers have riveted handles. On back of carriage are two metal hooks, from which towels, etc., can be suspended, and

at one end is attached a large handle. All the above-named articles are supplied with the carriage.

Upon the carriage are kept (in jars) cut dressings, cotton, sponges, towels, gauze bandages, protective and drain-tubes; also minor operating instruments in a closed zinc or glass tray, constantly immersed in a 3 per cent. carbolized glycerine solution. Bandage and plaster scissors, a palette-knife, common cotton bandages, towels, and lint, a large duster for iodoform, bottles for iodine, turpentine, alcohol, fluid soap, soap liniment, etc., and a jar of boracic acid ointment, together with basins, rubber cloth, wax-paper, soap-dish, nail-brush, adhesive plaster, and lamp about complete the dressing carriage outfit. All portions of the carriage are simple of construction, so that they can be readily taken apart and rigorously cleansed.



BOOK REVIEWS.

Kirke's Hand-book of Physiology. By W. MORRANT BAKER, F.R.C.S., surgeon to St. Bartholomew's Hospital, etc., and VINCENT DORMER HARRIS, M.D. (London), Fellow of the Royal College of Physicians, etc. Twelfth edition. Re-arranged, revised, and rewritten, and with five hundred illustrations. Cloth, 8vo, pp. 784. William Wood & Company, New York, 1889.

Owing to the many new facts brought to light and old assertions controverted by the modern improved methods of investigation, a work upon physiology, no matter how much of a standard it may be, is in constant need of revision. The editors of the volume before us have realized this. It would seem, however, that when a work has gone through twelve editions and been so re-arranged and rewritten as this one has, that there could scarcely be much left of the original, and that, instead of speaking of the work as Kirke's, it might just as well have been entitled Baker and Harris'. Kirke's Physiology is familiar to everybody, hence the retention of the name and the less need of an extensive review.

The most important changes in the present edition are in the chapters devoted to the blood, the heart, and the muscular system, while those given to the nervous system, reproductive organs, and development have been more or less entirely written over again. In connection with the nervous system we were pleased to note that the various centres of localization were grouped together, instead of being scattered here and there throughout the section. This part of the work is particularly commendable as illustrating

how closely its teachings have been brought up to the results of modern research. Our attention was also particularly drawn to the chapters upon alimentation by reason of their fullness, profuse illustration, and practical suggestions for the physician. The last chapter, written by Mr. Baker, is upon the highly interesting subject of the relation of life to other forces. Various tables and appendices, along with a copious index, are introduced for the further utility of the work as a hand-book for students and practitioners. The illustrations are abundant and well selected, though some are not so clear as we would like to see them. We commend the work to our readers for its concise, readable, and authoritative statements in regard to physiological facts.

The International Medical Annual and Practitioner's Index: A Work of Reference for Medical Practitioners. Seventh year. Cloth, 8vo, pp. 544. New York, London, and Chicago: E. B. Treat & Co., 1889. Price, $2.75.

Among the contributors to this volume are found many names which are quite familiar to American readers, and some of them are real Americans, although the greater number are English. Jonathan Hutchinson is one, and contributes articles upon diseases of bone, dislocations, and syphilis. Kenneth Millican also, who not long ago was the cause of such commotion in London medical circles on account of having accepted an appointment and actually prescribed for patients in a hospital where homœopathy was also practiced. The excitement of that controversy, however, has finally blown over, and Dr. Millican has prepared an acceptable paper upon electro-therapeutics. "Paralytic Affections of the Throat" is the title of the paper contributed by Sir Morell Mackenzie, another evidence that English physicians are possessed of an unusual degree of vitality and stick-to-a-tive-ness. The American contributors include Drs. Leaming, of New York, Dana, also of New York, and Chapin, of the same city. As a convenient synopsis of the trend of medical thought, it is an excellent compilation, and the handy form in which it is prepared makes an acceptable addition to our means of reference.

A Hand-book of Therapeutics. By SYDNEY RINGER, M.D., Professor of the Principles and Practice of Medicine in University College, London, etc. Twelfth edition. Cloth, 8vo, pp. 524. New York: William Wood & Co. 1889.

The announcement that Dr. Ringer's book has now reached the twelfth edition is made with no little satisfaction. It shows that the medical profession of two continents appreciate the way he has of putting things, from the therapeutic stand-point. Seven years ago the writer was let into a great secret, one which appeared in Ringer's book about the same time, in regard to the most successful treatment of gonorrhœa. The same plan is still recommended in the present edition, and this indicates that the experience of the author is such that he is warranted in continuing it. To cure this malady in the course of from twenty-four to forty-eight hours is certainly a grand accomplishment; at least, it should be so regarded by those who usually require their patients to undergo a course of treatment ranging from one to three months. Should any of our readers wish to adopt the plan it will be found described in full upon page 208. There is a general impression that book reviews, as a rule, are not read, or we should take the trouble to transcribe the instructions of our author.

It would be interesting for a few of the readers of this journal to study the article devoted to nitrite of amyl, because it does not seem that our author is altogether satisfied with his own theory. He asks, "How does it dilate the arterioles?" After giving some preliminary information regarding the method in which this remedy is supposed to act on these vessels, he goes on to make the following statement: "The paralyzing effect upon the arterial system is well shown by the sphygmographic tracings, the flushing of the face, and the increase in the size of the visible arteries, like the temporal, which often becomes notably large, sometimes, indeed, doubled in size, and branches previously invisible become plainly apparent, and by the interesting fact observed by Talford Jones, who, while cupping a patient over the loins, and finding that blood would not flow, administered nitrite of amyl by inhalation, when the cuts began to bleed freely." This is apparently an excellent theory, but the question arises as to whether or not it will answer in other cases as well as in the one just cited. Death is the great paralyzer of the whole arterial system; blood refuses to flow, but there is no flushing of the face nor increase in the size of the visible arteries. On the contrary, the size of the arteries is diminished; they are, in fact, closed to all intents and purposes, but still the effect does not correspond with that which is observed when nitrite of amyl is given. Indeed, in the cases of apparent death from angina, from opium and chloroform narcosis, and other sudden attacks, the nitrite of amyl has been shown to be a powerful remedy for good, and yet it is referred to as a paralyzer. Dr. Ringer's views are in harmony with others who have given the subject much attention and study, and until a better means of estimating the true conditions are established than a "temporary hypothesis" we must be content to accept the conclusions of those who have a right to be heard.

COMMERCIAL NEWS.

Irregular Menstruation.

T. J. R. Clarkson, L.R.C.P., L.R.C.S., Pately Bridge, Leeds, England, says: "My experience with Aletris Cordial is limited to one case. The patient, a young lady of twenty-one years of age, had never in her life been regular, the flow being very scanty. One dose brought on the discharge, which was more profuse than any she had experienced. She has been regular since. Of course, it is difficult to believe that one dose could bring about this result, but, nevertheless, the fact remains that she has been regular since taking it, a thing she never was in her life before. I shall be glad to write you after a more extended trial."

Removal or Deaths.

Physicians having removed (or about to) would confer a favor if they would mail a postal card of their removal, or the death of a physician, to George Keil,
1715 Willington St., Phila., Pa.

Note on Bromidia as a Hypnotic.

By EDWARD WARREN-BEY, M.D., C.M., LL.D., Chevalier of the Legion of Honor.

The success which this drug has achieved in France is somewhat remarkable. The French as a nation are remarkably conservative in everything save their politics, adhering tenaciously to the ideas and objects with which they are familiar, and regarding with corresponding suspicion all novelties and innovations, especially those coming from abroad. Hence it is that the materia medica of France has not marched *pari passu* with that of its neighbors. The bromidia (Battle) at once attracted the attention of the French physicians, and their experience with it so developed their confidence in it as a prompt, reliable, and harmless hypnotic that, in utter disregard of all that they had been taught and believed respecting the danger and unreliability of alien products, they promptly accorded it a place in their repertoire of remedial agents, and are now using it as freely as any medicinal preparation included in the Codex. In no other country, in fact, does it enjoy a larger measure of popularity than in France, and so great is the demand for it that it has been found necessary to manufacture it here in large quantities in an establishment especially arranged and organized for that purpose.

As no extraneous influences have been brought to bear in its favor, and it has had to make its own way in the face of opposition and prejudice of the most formidable character, upon the strength alone of its virtues as a remedy for insomnia and other corresponding disturbances of the nervous system, the conclusion is legitimate that it really possesses the therapeutical properties claimed for it, that it is a hypnotic *par excellence*, and without a rival.

To those familiar with the use of bromidia (Battle) no argument like this is necessary, for it speaks for itself by fulfilling the indications for which it is administered with a certainty, efficiency, and harmlessness which elicit at once the delight of the prescriber, and give to the profession the assurance of possessing one remedy, at least, which approximates so near to infallibility of action as to justify the title of specific. — *Medical Press and Circular*, London, Eng., March 27, 1889.

Wanted.

Competent persons to solicit subscriptions for the "Cyclopædia of the Diseases of Children," medical and surgical, by American, British, and Canadian authors, edited by John M. Keating, M.D. Complete in four imperial octavo volumes. Liberal terms and exclusive territory to salesmen of ability and experience. Apply in person or by letter to J. B. Lippincott Company, 715 and 717 Market Street, Phila.

Vomiting in Pregnancy.

I am using Peacock's Bromides in my practice daily, and am better pleased with the preparation than ever. I have discovered a new application for it, in a case of vomiting in pregnancy. Believing that the sickness was produced by nervous irritability, I have and am giving Peacock's Bromides in full doses with fine effect. I have prescribed it several times lately in convulsions of children with very satisfactory results.

John A. Campbell, M.D.
Franklin, Tenn.

For Sale.

A fine residence and well paying physician's practice at a bargain. A grand opportunity. For particulars addresss,

Durbin & Neiffer,
6 Court Avenue, Harrisburg, Pa.